

THE
SAINT LOUIS
Medical and Surgical
JOURNAL.

PUBLISHED MONTHLY.

EDITED BY
WILLIAM S. EDGAR, M. D. MAR 1 1876
AND
D. V. DEAN, M. D.

Established 1843.

ST. LOUIS, MO:
OLIVER ADAMS & CO., PRINTERS, 16 SOUTH FIFTH STREET.
1876.

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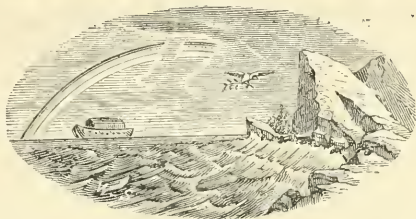
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THE SAINT LOUIS
Medical and Surgical Journal.

MARCH, 1876.

Original Communications.

RELATIONS OF CHEMISTRY TO PHYSIOLOGY.

By G. HURT, M. D.

(Read before the Alumni Association, St. Louis Medical College.)

In the two grand divisions under which the phenomena of matter are arranged, we recognize the presence and potency of two distinct agencies, namely, the chemical and the vital. And hence, in the study of these phenomena, it has been found convenient to classify them, according to their respective determining causes, into the sciences of physics and physiology.

The determining cause in the first of these sciences is manifested chiefly by attraction, repulsion, cohesion, affinity, etc.; that of the second by contractility and sensibility; and between these two classes of phenomena there is to be observed the difference, that, while the physical are often manifested independently of the physiological, there is always such a blending of the former with the manifestations of the latter, as to impress the mind with the fact that physical dynamics pervade all conditions of matter. And these facts have led many physiologists into the support of the doctrine so ably advocated by Liebig and Leh-

mann, which assigns to physiology the subordinate relation of being superinduced upon the physical, by and through the physical forces ; which constitutes the doctrine of chemical physiology. in contra-distinction to that of physiological chemistry.

But, while admitting the presence of the physical in the physiological, we cannot endorse the theory of chemical physiology, or the power of any combination in the purely physical forces to determine the phenomena of physiology. For we find, in the chemistry of organized matter, a complexity of combination not found in inorganic bodies, and which we recognize as due to the agency of the vital force.

The idea of vital phenomena originating in chemistry is materialistic in its tendencies, and we assert our disbelief in the existence of any facts in science to sustain the chemical theory of life ; and we, therefore, dissent from the doctrines of Liebig, who asserts as an axiom of science that “ the only known ultimate cause of vital force, either in animals or plants, is the chemical process.”

Between the forces which determine the respective phenomena of physics and physiology there is apparently an antagonism which ends only in the suspension of one, or the subordination of the other, as is shown in the fact that living matter is not susceptible, as such, of analysis and synthesis in the laboratory of the chemist. There must be first a suspension of the vital properties, and with that suspension there may occur changes in the chemical relations of its elements, which must ever escape the observation of the chemist. And yet, so active is chemical evolution in living matter, that it may be truly said that living matter constitutes in itself a laboratory of chemistry. But it is not living matter because of its chemical activity. On the contrary, it owes its chemical activity to the fact that it is living matter, and possesses the power of subordinating the physical forces in the development of its phenomena. What, then, are the features which distinguish organic from inorganic chemistry ?

According to Lowig they are : “ 1. The small number of the elements of which the former consists. 2. The complicated atomic proportions in which these few elements are found to

unite, and, 3. The impossibility of producing organic matter from its elements direct, since the co-operation of vitality or of the other predisposing forces is necessary to its formation."

And Turner remarks: "While we should find it very difficult, if not impossible, to draw the line between inorganic and organic chemistry on scientific principles, we may still recognize for convenience sake, a certain distinction founded, *first*, on the origin of substances, whether animal, vegetable, or mineral, and *secondly*, on the uniform predominance of carbon in animal and vegetable matter."

And in reference to these two points he remarks, *first*, that "although the elements concerned are those common to the inorganic and organic kingdoms, the compounds which constitute the latter are formed under peculiar circumstances, such as, for the most part, cannot be imitated in our experiments," and, *secondly*, that "we have not yet succeeded in forming artificially, either an organized tissue, or even any one of the compounds (albumen, etc.) of which such tissue is made."

We find, then, that while the elements of organic chemistry are those which are common likewise to inorganic chemistry, yet these two departments of science differ:

First, In the complex nature of the composition of organized matter. It has been estimated that there are no less than 50,000,000 of distinct organic compounds in the various species of the animal and vegetable kingdoms, composed chiefly from the four primary elements, carbon, hydrogen, nitrogen and oxygen, which do not form more than a dozen compounds in the inorganic kingdom; showing the importance of the agency of the vital force in the attainment of a high complexity in the chemical composition of matter.

Secondly, In the impossibility of producing living matter by any combination attainable in the laboratory of the chemist. True, some few organic forms have been imitated, but they are of an inferior nature, and the evidence of vitality wanting. Turner remarks that, "those organic compounds which have been artificially formed are invariably products of decomposition, or, in other words, the excretions and secretions of organized bodies,

and are far less complex in their constitution than organized structures."

Thirdly, They differ in the facility with which organic compounds decompose after the withdrawal of the vital principle. It is perhaps owing to the fact that nitrogen—whose chemical affinities are so feeble that it seldom enters spontaneously into the composition of inorganic bodies—forms an essential element in many of the organic compounds, that they are so prone to rapid decomposition by putrefaction and fermentation, after the withdrawal of the vital force.

There is further evidence of the agency of the vital force in the chemistry of organized matter, in the fact that, in the nutrition of plants, matter can only be thus appropriated in the form of simple elements, and attains all its complexity of form under the control of and in subordination to the vital force; and, hence, we feel justified in the conclusion, that, in the chemistry of organic compounds, the physical forces are in subordination to those of physiology; and we, therefore, reject the idea of Liebig, that "the only known ultimate cause of vital force, either in animals or plants, is a chemical process."

Yet, we do not deny the agency of chemistry in the nutrition of animals and plants. What we maintain is, that the chemical form of organized matter, that which distinguishes it from the composition of the same elements when found in chemical union with each other in the inorganic compounds, is due to the agency of life as a determining force.

We do not deny that in the nutrition of plants the carbon of the carbonic acid is appropriated while the oxygen is eliminated, or that in the animal, both carbon and oxygen are being constantly eliminated in the form of effete or waste matters; but these facts do not reconcile us to the doctrines of chemical physiology, for we cannot, from a simple knowledge of them as a basis of reasoning, demonstrate that chemical processes are the determining cause of life.

Liebig himself refutes the idea of chemical physiology when he asserts, that "every thing in the organization goes on under the influence of the vital force, an immaterial agent which the chemist cannot employ at will."

We have no means of ascertaining the chemical constitution of living matter, that is not liable to the objection, that it refers to conditions found in bodies after the vital force has been suspended in them.

But the vital phenomena are themselves a refutation of the chemical theory of life. The blood, as far as known, is a homogeneous fluid, carrying, as it permeates the tissues, the same elements to all parts of the body; and yet, when we consider the differences in the chemical composition of the effete products of the different organs of the same body, we are forced to conclude that in the living organism, chemistry is but the hand-maid to that occult, dynamical force which determines the phenomena of living matter.

Physiology is the science of living, and not of inanimate, matter, and treats specially of those phenomena which are supposed to be due to the agency of the vital force. But these are, in many instances, so intimately blended with those which are referable to physical law, that it is often difficult to define the limits of the one without encroaching upon the domain of the other; and, overlooking, or, failing to appreciate this fact, the views of many writers on the subject appear confused and unsatisfactory.

The advocates of the chemical theory of physiology do not appear to give sufficient importance to those phenomena which are common to the conditions of life in both the animal and vegetable kingdoms, and upon which the power of living bodies to appropriate to their nutrition the elements of non-living matter depends. These, according to Bichat, are of two kinds, namely: organic sensibility, and insensible organic contractility in the plant; to which is added sensible organic contractility, as in the functions of digestion and circulation in the animal. And of these, Dr. Paine enumerates four divisions or attributes, namely: irritability, mobility, vital affinity and vivification; to which are added, sensibility, and nervous power, in the functioning of the higher animals, which, he says, are clearly the "attributes of a common principle."

We find, then, that in the attempts of physiologists to determine the origin and nature of life-force, two quite opposite views

have been maintained. The one asserting, in effect, the chemical theory of physiology, or life superinduced by the chemical evolutions of matter; the other maintaining that the life-force precedes and determines the chemical phenomena of living matter as well as its organic form and function. And upon these two theories modern physiologists appear to be divided into two schools. Those advocating the chemical theory, profess to be able to explain all vital phenomena, even to the functioning of the brain, upon the principle of oxidation; while those belonging to the school of the vitalists, regard oxidation simply as an accessory, or consequential phenomena. But, upon this subject, it is very difficult, and sometimes impossible, to reconcile the views of some of the most eminent of the school of chemical physiologists with their theory. Thus Liebig, who, though not the first, may be very properly named at the head of the school, says, "only waste or effete matters are susceptible of oxidation within the tissues." Is this the chemical process to which, in another paragraph, he attributes the vital force? It may be, and doubtless is, one of the sources of animal heat; but in the more direct phenomena of nutrition, the appropriate relation of the oxidation of effete matters, is that of an effect and not a cause.

But, in another place, Liebig tells us "the mutual action between the elements of the food and the oxygen conveyed by the circulation of the blood to every part of the body, is the source of animal heat;" by which we might reasonably infer that there were some other materials than those of waste or effete matters, susceptible of oxidation, either within the tissues or in the blood.

"From the experiments of Dulong and Despretz," says Müller, another teacher in the school of chemical physiology, "it results that even if the chemical theory of respiration be adopted, there must be still some other source of animal heat." And Dr. Carpenter, another advocate of the chemical theory, says: "It is evident that the chemical doctrine in its present form is insufficient to explain the phenomena of animal calorification."

It would be difficult, if not impossible, to understand or explain some phenomena which come not unfrequently under the observation of the physiologist, upon the chemical theory of life.

If a living animal, of the warm-blooded species, be placed in an atmosphere deficient in oxygen, its respiration will become hurried, and the animal soon begins to exhibit signs of suffocation; and, to the chemical physiologist, the facts only tend to confirm his belief in the truth of his theory. He does not stop to inquire the reason, but sees in the demand for oxygen, and the threatened extinction of life, the dependence of the latter upon an adequate supply of the former. He does not pause to reflect, that if the sense of want, which resides in the organic irritability or sensibility of the tissues, were due to oxidation, it would follow that in proportion to the decrease in the supply of oxygen, would the demand be likewise decreased; and yet, observation proves the reverse to be true. The demand for oxygen originates, not in increased chemical attraction or affinity, but in the organic irritability or sensibility of the living tissues, which admonishes the nervous centers of their need of additional supplies of oxygen in the elaboration of the products of nutrition, secretion and excretion; and this exaltation of organic irritability may be so great as, in some cases, to shake the whole frame with convulsions.

Again, when a man is tortured by a consuming fever, the same phenomenon of hurried respiration is observed; and just in proportion to the rise of the temperature, will the frequency of respiration be increased. We here observe what appears to be an increased demand for oxygen, when, according to the chemical theory, there ought to be an increased demand for the other elements of nutrition; and yet, appetite for food is entirely suspended. Are these facts in harmony with the teachings of Liebig, who tells us "the quantity of oxygen inspired increases with the loss of heat by external cooling?"

Again, who has not seen the poor, emaciated consumptive, with scarcely a piece of sound lung as large as the hand, with a bodily temperature ranging at times from 102° to 104° : can these facts be explained upon the chemical theory of physiology?

Spallanzani, an Italian naturalist, removed the heart and large blood vessels of a number of frogs and toads, and buried them in the snow along with others which had not been thus eviscerated. They all soon became completely torpid, as if frozen; but in a

few hours after being removed to a warm situation, they were restored to life and began to make their escape, the reanimation being apparently as perfect in those which had been eviscerated as in those which had not.

Again, it is stated that animals which hybernate at the approach of winter in northern latitudes, will sustain a reduction of temperature to a degree approximating the freezing point, and then, without food, and with the nose tucked under the body so as to prevent the ingress of air into the lungs, the bodily temperature will again rise and ascend rapidly till it comes almost or quite up to the normal standard.

We might cite other phenomena which do not appear to admit of ready explanation upon the chemical theory of life; but this paper has already reached a greater length than we had intended.

We conclude, therefore, with the expression of the opinion, that life is an essential principle or dynamical force, which, in the chemical phenomena of living matter, holds the relation of a cause, and not of an effect.

TREATMENT OF VALVULAR DISEASE OF THE HEART.

BY WILLIAM S. EDGAR, M. D.

The importance of reducing the volume of the blood in a patient suffering from valvular imperfection, in some cases can hardly be over-estimated. To give a typical case may best serve to make plain the circumstances when the indication for reducing the volume of the circulation is most urgent, and its achievement likely to be attended with the most happy results. In the following case, my patient's heart troubles began, many years ago, with a violent attack of angina pectoris—he being now over fifty years of age—resulting in endocarditis, effusion in the pericardium, and hypertrophy; with the train of uncomfortable symptoms usual in like

cases. At the end of two years, there only remained a slight hypertrophy with functional disturbance of pulse. Several severe attacks of *rheumatism* during the late war revived the old enemy, and kept the fact before the patient that he had a little too much heart in his chest. By carefully guarding against overstrain and exposure—after the close of the war—the machine performed reasonably well until the “heated term” of the St. Louis summer of 1873, when work of various kinds taxed the abilities of my patient, both physically and mentally to an unreasonable extent; then it was, while walking at the close of a hot August day, that my patient was halted on the sidewalk, by an admonition from the region of the heart that there was trouble ahead, and that he must go slow.

From this time to the present, my patient has felt to be either upon, or in close proximity to, crumbling arches.

I interpret the *sudden arrest* of my patient when walking—the system prostrated by the heat and fatigues of the day—to *dilatation of the heart*. We now have a case of hypertrophy with dilatation; thus disturbing the relations between the openings of the heart and their coverings, the mitral valve affording a slight regurgitant murmur which, however, could be heard a part of the time by the patient—not any better with his *mouth open* than when *closed*, as some writers have asserted—who compared the murmur to the noise a horse makes when chewing his hay between his molars, at such distance as to be but faintly heard. My patient had a horse stabled about thirty paces to the rear of his house, and, for some time after he began to hear the regurgitant murmur (when all was quiet at midnight), he thought the noise proceeded from the horse’s chewing his hay; and not until he moved his lodgings to a front room in his house and still heard the murmur, did it occur to him that it proceeded from his own person, which he subsequently verified by turning from one side to the other, finding the murmur loudest when lying on his left side, and that in some positions it would disappear altogether.

This being the situation when the first cold wet weather of the autumn of 1875 set in, causing the circulation to recede from

the surface of the body to the internal organs, until the capacity of the heart to carry on the circulation was taxed to the utmost, congestion of the lungs and portal system, followed by oedema of the lower extremities, seemed for a time to threaten the accumulation of complications to a speedy dissolution.

To arrest the dropsical effusion, we must assist the heart to do its part in the circulation more perfectly, as *its* failure is the primary cause of this alarming complication; at this juncture, we prescribed hydropogue cathartics, diuretics and the *vapor bath*, fearing the old enemy—rheumatism—might be still present, but disguised by the more urgent symptoms. The bath affords prompt relief, doubtless by inviting the blood to the surface of the body, thus relieving the engorgement of internal organs. From this experience, we suggested to our patient to seek a warmer climate, *i. e.*, to secure for himself a prolonged warm air bath. As this could not be at once effected, the next best thing seemed to be, to reduce the amount of blood circulating, not by *rensection*, but by reducing his supplies of water. Instead of two or three cups of tea, coffee or milk, three times a day, and a glass or two of water between meals, making an aggregate of *a quart and a half more or less a day*, I reduced him to *a half pint to a pint of drink daily*; from this reduction of liquids I perceived an immediate effect; the patient before, being compelled to sit up or to be propped up in bed at night, to breathe with any comfort, he, in two days' time after the drinks were reduced, could lie down on his pillow, his breathing being deep and full.

The sallowness of the skin from congestion of the liver and portal system speedily gave way, also the cough, etc. The improvement from the change in the quantity of liquids used was so decided that the change to a warm climate was deferred. The weather remaining mild as spring, slight, if any, benefit could be expected from a more southern climate.

In addition to this change in the use of liquids, we prescribed the standard remedy, *digitalis*, in from ten to fifteen drop doses of the tincture, three times a day. Our faith in this remedy has increased, as the evidence of its beneficial effects has been more direct and conclusive in the relief of pain in the cardiac region,

in the diminution of the regurgitant murmur, and less disturbed sleep at night.

Reducing the amount of liquids taken by the patient, doubtless does reduce the amount of blood in circulation and render the remaining blood more consistent, hence not so free to regurgitate by an imperfect valve, if so the vacuum in the heart, as the ventricles dilate to receive blood, is more complete, and the draw upon the venous blood more decided in aid of the capillary circulation at each dilatation and contraction of its ventricles.

In conclusion, we have to suggest, that, in valvular insufficiency from dilatation, to reduce the volume of the blood in circulation without impairing its nutritive qualities, is of the greatest importance. This done, and *digitalis* will be much more effective in regulating the action of the heart than if given in a congested state of the circulation.

EIGHT CASES OF TYPHOID FEVER WITH HÆMOR-
RHAGIC TENDENCY.—EFFECTS OF CERTAIN
MEDICINES IN THEIR TREATMENT.

BY B. F. RECORDS, M. D.

(Read before the Clay County Medical Society, at Liberty, Mo.)

From so small a number as *eight cases*, of course nothing very definite can be learned, yet they may be suggestive as to the therapeutic value of certain remedies in like cases.

Case 1 was a negro *æt.* 20. The six next cases were the wife, four daughters and the son of Mr. F.—, a German farmer. Case 8 was Mrs. A. L. B.—, who assisted in dressing Case 3 after her death and staid in the family one night and day.

Cases 1, 3, 5, 6 and 7 had severe epistaxis, frequently recurring. Case 4 had a slight nose-bleed occasionally for a few days. Case 2 had hæmorrhage from the hæmorrhoidal veins.

Case 6 died from a sudden and uncontrollable enteric hæmorrhage, on the sixteenth day of her illness.

Cases 1, 2 and 5 had but slight enteric tenderness, and but little diarrhœa, and no tympanitic distension. Case 8 never passed a stool without first taking a laxative; yet every defecation thus passed, had for four weeks the characteristics of typhoid, being liquid and very fetid. She also had some tenderness on pressure over the abdomen. Cases 3, 4, 6 and 7 all had diarrhœa, of the "pea-soup" appearance, and terribly offensive. These all had tympanitis, more or less, throughout their illness.

Cases 1, 2, 3, 4, 6 and 8 terminated by crisis. Cases 1 and 2 were convalescent about the twenty-first day. Case 3 on the twenty-eighth day. Cases 4 and 5 about the forty-eighth day. Case 8 on the forty-second day. Case 7 took on a pneumonia, which seemed to produce a crisis about the end of the fourth week, from which he speedily recovered. Case 4 had enlargement of the spleen. Cases 6 and 7 had the rose-colored eruption; Case 3, sudamina.

A thermometer was left with a nurse drilled to its use, with a ruled paper for "date," "hour," "temperature," "pulse" and "remarks," with directions to take the temperature every three hours and register it with any observations that they might make during my absence. Thus much by way of preface.

CINCHONIDIA SULPHATE.

This comparatively new remedy was administered to all, except Cases 1 and 2, whenever the thermometer indicated a temperature of $103\frac{1}{2}^{\circ}$ or 104° . The dose varied according to the age of the patient. Twenty-five to thirty grains being given to Case 3, who was but ten years old. Forty to sixty grains to those older.

The action of cinchonidia as regards the reduction of the temperature was almost uniform, *i. e.*, the temperature of the patient after taking the medicine would rise in one hour about one degree, then begin to fall, and in from six to ten hours would go down from two and a half to four degrees below its starting point, and thus remain for from twenty-four to forty-eight hours; and sometimes there would be several days intervening before the tem-

perature would go back to its maximum height again. The above action was so constant that after giving it a few days the attendants themselves noticed it, and the medicine was kept ready for use when necessary.

Another action of the remedy was this:—Whenever the tongue was very dry, with or without coating, it would rapidly become more moist, with a disposition to clean after a dose of this medicine, while at the same time the skin became soft and cool, and the patient would express a feeling of greater comfort, and express a desire for food. The foregoing action was not strictly uniform, yet it would occur as stated at least four out of five times.

This medicine, unlike quinia sulphate, produces no deafness or other cerebral disturbance in typhoid fever. None of the six cases who took the remedy ever complained of buzzing sounds or headache, though frequently interrogated in regard to these symptoms. This was uniformly the case.

I had read Liebermeister's antipyretic treatment in Ziemssen's *Cyclopædia* with interest; but not having the apparatus at hand for the cold bath, I could not adopt that; and I was afraid of the large doses of quinia; so I tried cold sponging in Cases 3, 4 and 6, all of which raised such objections to it that I had to lay it aside. It failed to reduce the temperature, or in any way modify the course of the disease. About the 20th of October, I read the essay of Dr. Geo. B. Fundeburg of Cumberland, Maryland, which he had read before the Alleghany County Medical Society, and was published in the *Philadelphia Medical and Surgical Reporter*, "On the antipyretic treatment of typhoid fever," in which he had used large doses of quinia with perfect success; and as the temperature in Case 3 was gradually rising, having reached 105° , I determined to try the cinchonidia which I had been using successfully in other fevers. I gave her a twenty-five grain dose, with some misgivings, and having no other patients to see immediately, watched its action until I saw the temperature run down from 105° to 102° .

My reason for using cinchonidia sulphate at first was on account of its cheapness, and having found it to answer every pur-

pose in malarious fevers and neuralgias, I gave it a trial in the disease under consideration. I now prefer it even at the same price.

DIGITALIS

I used in nearly all the cases. I gave ten drop doses of the tincture every four to six hours, in Cases 4 and 8, who had irritable heart. In these cases the pulse was very weak and numbered from 112 to 120. The first sound of the heart in both became inaudible, but after using the digitalis, the pulse became stronger, *but not slower*, and the first sound was restored. Yet, I do not claim that digitalis did any good as I had them taking all the whisky that they could bear with nutritious diet.

HYDRARG. CHLOR. MITE

Was administered to all except Case 6, who died before there was an indication for its use.*

I gave it whenever the tongue became excessively dry, cracked, or rasp-like, while very red, and the bowels deranged either by diarrhoea, tympanitis, or constipation. It was generally ordered as follows :

R̄	Calomelanos,	grs. iss.
	Pulv. Ipecacuanha,	grs. ivss.
	Creta Præp,	grs. x to xxx. M. ft. pulv.

Sig.—“ One every three hours,” at the same time suspending the use of the acid mixture.

After taking from six to twelve powders in this way the tongue generally became moist, the appetite better ; the bowels less tympanitic, or softer, while the stools would lose some of their pea-soup character. This action of the remedy generally continued for a week or a fortnight, by which time the indications for its use would again be present. Its action was, that of arousing the

* Liebermeister in Ziemssen, vol. 1, page 201, remarks: “ I usually give three or four eight-grain doses of calomel, during the first twenty-four hours; after having employed this method, now, on about 800 patients, I still feel that I have every reason to recommend it to others.”—[E.

dormant secretions, and is therefore a most valuable remedy when rightly used.

TURPENTINE

Was given to all, except Case 8, whose stomach after a few days' use wholly rejected it. It was administered in sweet milk, in five to ten drop doses every three to four hours, continuously, while the fever lasted, or while the bowels were deranged. It was also used largely externally, when diarrhoea, tympanitis, pneumonia, or bronchitis supervened, in the form of stupes applied to the abdomen and chest. Its action appeared to be that of a stimulant and alterative to all the secretory organs, especially the kidneys. Whether it exerts any curative action on the enteric ulcerations, I am unable to say; but I believe it does in some way assist nature in resisting or eliminating the *materies morbi*, particularly when used externally.

ACIDS—MURIATIC AND SULPHURIC,

I gave to all, except Cases 2 and 6, whose irritable stomachs would tolerate neither in any form. Case 8 did take a few doses, but became so disgusted with it as to vomit immediately on taking it.

If the acids exerted any beneficial influence, I was unable to see it in any case; but I am certain that it did act injuriously by irritating the mucous membrane of probably the whole alimentary canal, especially that of the stomach and diseased bowels; hence in the future I shall certainly leave it off in the treatment of enteric fevers.

OPIUM.

The action of this drug was all that its very best friends ever claimed for it: quieting delirium, when present; restraining the too frequent action of the bowels, when diarrhoea existed; driving the patient from the distressingly acute consciousness of a painfully tortured existence, into a state of blissful nonentity, or "balmy sleep." Indeed, I cannot conceive how a case of typhoid fever could be treated without this heaven-sent remedy.

Opium when administered in typhoid fever, has a directly con-

trary action on the secretions to what it has in other maladies, or at least it had in my cases. *It never disturbed the secretions even when given every four hours for a week or more, as it was in Case 5*; hence the digestion remained unimpaired, so far as the remedy was concerned. I am not aware, whether any one else has noticed this action of opium or not.

ERGOT, CATECHU, TANNIN AND PLUMBI ACETAS.

When the diarrhœa or enteric hæmorrhage became excessive, as it did in Cases 5 and 6, the above remedies, or some of them, were used in conjunction with opium.

Ergot seems to act beneficially by its power of contracting muscular tissue (through reflex action) about the diseased bowel, and hence, preventing that irritation by which peristaltic action is kept up. Or perhaps better, it binds up in a healthful manner the broken vessels or tissues, and gives rest, and thereby promotes resolution. I therefore conclude that ergot is a safe and tolerably reliable astringent in the diarrhœa and hæmorrhage occurring in typhoid fever.

As for the other astringents mentioned, I believe them to have been useful in mild diarrhœa, when not caused by indigested food.

ALCOHOL,

Like opium, in my cases was indispensable. Its action was that of a general stimulant, preventing waste, aiding digestion, and promotive of the secretions of the skin and glandular system to a certain extent. It was given regularly through the fever and convalescence, generally every four hours, day and night. It was mostly in the form of "Kentucky whisky;" but Case 5 could not take it all the time, so that "California wine" was substituted.

THE HYPOPHOSPHITE SYRUPS

Of soda, lime and potassa, were used in the last week of the fever, when the appetite failed, or the digestion could not be aroused by any of the foregoing remedies. In such an emergency, this medicine proved an invaluable aid in reviving the sleeping energies of the digestive system.

COD LIVER OIL,

Combined with spirits vini gallici, was given to Case 5 after the subsidence of the fever, in connection with the hypophosphites, *i. e.*, the latter was given an hour or so before the former. This was kept up for a few days in order to sustain the life of my patient until her appetite could be sufficiently aroused to take nutrients. In this case its action was admirable.

BEEF ESSENCE

Was tried in all the cases; but Cases 1 and 5 were the only ones who could use it. Case 8 was supported several days by enemata of beef essence, small doses of cinchonidia and tr. opii, while her stomach rejected everything except small doses of milk and lime water. The action in six of the cases was injurious to the appetite, and more or less so to the digestion, or, at least, I so regarded it after giving it a fair trial. With Case 1 it agreed well in every respect, as did also milk. It also agreed tolerably well with Case 5, and with her, milk did not. So I concluded that with some cases it is excellent nutriment, while in others it is absolutely injurious.

MILK,

New and sweet, in six of the eight cases answered all the purposes of nutrition; being easily digested, pleasant to the taste and drank with eagerness every four hours through the fever and convalescence. The usual dose was from a wineglassful to half a tumblerful, sometimes given with whisky as a milk-punch, and again iced. Most of my cases frequently declared "that it was the only thing that tasted good." Case 5, however, never took a drink of it that did not in a few minutes cause pain in the stomach, and in a short time a painful stool in which curdled milk would be seen abundantly. Case 8 took milk regularly, yet most of the time its taste was not pleasant, and sometimes she would vomit it up unless combined with aqua calcis.

I conclude from the foregoing facts that milk should have the preference, and that beef essence should be given by enema if there is no contra-indications to that mode of support.

ABNORMAL DEVELOPMENTS.

By L. E. BUCKNELL, M. D.

Dunglison defines a mole to be "a fleshy insensible mass of variable and determinate size, which may generally be conceived to be owing to imperfect conception."

Bedford says "all true moles are the result of conception, and that we may distinguish a true mole by observing the altered chorial villousities." Now it would seem from the experience of some, that the true moles might result from abortion, where the placenta and foetal envelopes are retained in utero, and continue to enjoy a feeble vitality. In support of this theory, the writer will give the two following cases which occurred in his practice during the past year, the history of which may interest some of the profession.

On the 17th of April, he was consulted by Mrs. F—— in regard to herself. She had been married six years, was twenty-seven years of age, had three children, youngest two years of age. Eight months before consulting me she had ceased menstruating and believed herself pregnant. Three months later she had pain and considerable hæmorrhage, and believed herself to have miscarried. She did not at this time consult a physician. Two weeks subsequently she again had hæmorrhage, and from that time had been troubled with metrorrhagia; the hæmorrhage being very copious at times, and never ceasing entirely. She had been treated by three physicians, none of whom had, however, made a vaginal examination. The patient was at this time anæmic, emaciated and very nervous. Vaginal examination revealed a swollen, patulous os, considerably dilated, not sensitive; and by bimanual palpation, the uterus was discovered to be considerably enlarged. The sound could only be introduced with difficulty, owing to some intra-uterine growth; by using a little force, however, it passed into the cavity, to the depth of some four inches. I believed the substance in the uterus to be the retained products of conception. The following recipe was given:

R̄	Tinc. cannabis ind.,	3 iv.
	Elix. vit.,	3 iij.
	Sulph. quinia,	3 iss.
	Aq. to make	3 iij.

Ft. sol. A teaspoonful every three hours.

Three days later the patient not being any better, the os uteri was dilated with sponge tents, sufficiently to admit the index finger. This revealed a soft spongy mass, much like the placenta. In endeavoring to examine it more fully, it was ruptured, when there escaped about three ounces of very fetid pus. The patient was now given one ounce of wine of ergot. In half an hour the patient had strong pains, and in an hour and a half there came from her an ovoid mass as large as a goose egg. It was hollow, its walls consisting of a homogeneous cellular structure, and the whole encased in a membrane. The same internal treatment was continued for two days when the hæmorrhage ceased. She then received the following :

R̄	Quiniæ sulph.,	3 ij.
	Ferri phosphatis,	3 j.
	Sol. ext. gentianæ,	q. s.

M. Ft. pil. lx. Two pills three times a day.

The patient made a good recovery.

Mrs. K——, living some six miles from here, is thirty years of age, has been married eight years, has had three children and one abortion at six months. Youngest child is two years old. The patient ceased menstruating last May; had a slight hæmorrhage in August last; had no more hæmorrhage till second of January, when she had a very copious hæmorrhage while at church, causing her to swoon; troubled with more or less hæmorrhage, till 18th of January, when the writer was called to see her. Upon making a vaginal examination the os was found sufficiently dilated to admit the index finger. A soft mass resembling the normal placenta was found lying immediately over the os internum. It was quite movable, but it was impossible to introduce the finger far enough to learn much in regard to it.

By palpation the uterus was found considerably enlarged. The following recipe was then exhibited :

R	Tinc. cannabis ind.,	3 j.
	Elix. vit.,	3 j.
	Aq. to make	3 ij.

Ft. sol. A teaspoonful every three hours.

I was then called again at 2 A. M. on the 19th. She was flooding violently and in great pain. The tampon and tannic acid were used locally, and the following recipe administered :

R	Plumb. acetatis,	grs. x.
	Tinc. opii,	3 j.
	Aq.,	3 iss.

Ft. sol. A teaspoonful every half hour till the patient slept.

I saw the patient again the same day at 3 P. M., with my partner, Dr. Pearce of Alhambra. On making a speculum examination we found the cavity of the vagina filled by a large ovoid body. By digital examination, the os could not be distinguished and for a moment we thought of inversion of the uterus. Bimanual palpation, however, revealed the uterus "in situ." The body in the vagina was very movable, was possessed of little or no sensitiveness, and was not in the least offensive.

Friction on the body gave the patient some pain. We continued our efforts however, using gentle force, and finally took from the patient an ovoid body as large as the foetal head at full term. On dissection we found the mass to consist of large cells, lined with a membrane full of coagulated blood, the inter-cellular material being homogeneous. There was no evidence of anything like a foetus. It is the writer's intention to have the mass examined by the aid of a microscope. We put the patient upon tonic treatment, and she made quite a rapid recovery.

Greencastle, Madison Co., Illinois.

ENTERIC FEVER.

BY VIRGIL A. WILLIS, M. D.

Enteric fever I believe to be a disease of a *scrofulous* nature, and the inflammation of the glands of Peyer and Brunner, with the mesenteric glands, the manifestation of it. So soon as inflammatory action is set up in these glands their function is impaired, and the want of proper nutritive elements in the blood is felt by the whole body, and manifests itself by an increased action of the heart, which thus endeavors to make the deficiency in quality good, by increasing the quantity.

Languor, headache, thirst, pains in different parts of a fugitive character, increased heat of surface, tenderness of the duodenum, enlargement of the spleen, with a steady diminution of fibrine in the blood and accelerated circulation, are among the most prominent symptoms of this stage of the inflammation.

The excretory glands of Peyer becoming inflamed, the difficulty is increased, and for several days the symptoms are intensified, and have added to them others of a nervous character which would naturally follow such a condition; these symptoms continue to increase in severity until the inflammatory process ends in resolution or suppuration; we then have the same train of symptoms that manifest themselves in suppurative processes in other vital organs.

Observe that the prodromic symptoms are expressions of incipient inflammation of the glands; that the onset is marked by shivering, followed by general malaise, fever, etc.; and the poorest fed creatures in the worst tenement houses in our great cities, are no more liable to be attacked than are the strongest, best fed, and most healthy men living; also that no case is recorded of enteric fever in a child under six years of age, very few in persons over fifty, and none over sixty.

When we consider that the glands of Brunner and Peyer are not developed until about the sixth year, and that they disappear at the age of about fifty, is it not fair to presume that their

existence and disease is necessary to the development of enteric fever?

Now if our disease is caused by toxic agents entering the circulation through the lungs and stomach, why is it that those most able to throw off those agents are the only ones affected by them; and why do infants and persons feeble from old age escape? Another reason for rejecting this theory is that the disease seldom, or never, attacks the same individual a second time. If this disease depended upon blood-poison, would not the same person be liable to repeated attacks?

I can readily see how the causes usually assigned can favor an attack by their depressing effect upon the system generally, thus predisposing to disease of the glands; but of the cause of the inflammation, we at present know nothing.

The gravity of the case depends upon the extent of the destruction of the substance of the glands, perforation being almost, if not always, followed by fatal peritonitis.

The fever can, by the judicious use of agents at our command, be controlled, so also can the nervous derangements. Fibrine can be supplied in the food.

As soon as I become convinced that I have a case of enteric fever, I take steps to control the circulation, which, if too rapid, is done by veratrum, given in sufficient quantity, to keep the pulse below one hundred to the minute; but there are some cases in which the pulse never rises to one hundred, full and non-compressible.

Venesection, much as it is condemned in these days, I am satisfied would do good (although I have not tried it myself), by lessening the volume without decreasing the proportion of plastic material contained in a given quantity. My experience has been that cases of this kind are generally characterized by great destruction of gland tissue, liable to perforation or hæmorrhage. *Weak constitutions bear the fever best*; showing that the disease is most dangerous as to its local manifestation, aggravated by a sthenic condition.

Mercury, as an agent of depletion, is objectionable on the ground of its defibrinizing properties. Mild saline evacuates are

useful by clearing the bowels of any effete or purulent matter they may contain. The practice of locking up the bowels is a great mistake, and often followed by fatal consequences, owing to the absorption of purulent fluid producing pyæmia. Death results from this cause oftener than from any other in this affection.

To prevent anæmia, I feed my patient on a soft digestible diet containing as much fibrine as possible, such as beef tea, meat extracts, etc., and as a relish, allow grape-pulp, well-ripened peaches, etc. If digestion is much enfeebled, cod liver oil given in quarter-ounce doses, every four or five hours, in mucilage of gum tragacanth, with a few drops of spirits of wine, will be of great service.

In the last stage of the disease, when suppuration is going on, with a tendency of the skin to coldness and perspiration, and a quick feeble pulse, I use alcoholic stimulants and am satisfied that they meet an indication that no other known remedy would. I think I have treated cases that would have died inevitably without it; but I protest against the indiscriminate use of this agent in enteric fever; nothing could be more pernicious.

Opium is very useful to procure sleep and relieve pain, and to control diarrhoea if it exists. Quinine, given in liberal doses in the latter part of the night and forenoon of the day, seems to sustain the vital forces, and, after several days, to modify the evening exacerbation. If hæmorrhage occur, I give a teaspoonful of pul. kino. This remedy in my hands has always promptly checked the bleeding.

Other remedies have been used; a local application to the ulcers of oil of turpentine recommended by Prof. Wood, is undoubtedly of great benefit in certain stages of the disease. I have never seen any good result from the use of carbolic acid and creosote, in this way. Turpentine stupes, stimulating poultices, and blisters to the abdomen, are often of great benefit.

Price's Branch, Mo.

Proceedings.

ST. LOUIS MEDICAL SOCIETY.

ST. LOUIS, Jan. 29th, 1876.

Dr. Prewitt, President, in the chair.

Dr. Borek reported the following case. A boy, 4 years old, in falling, struck his head and became unconscious. When first seen he was cold and had been vomiting. Cold water was applied to his head and five grains of calomel given. In half an hour the Doctor was sent for as the patient seemed to be dying. He found there was now complete paralysis of the left side, and violent convulsion with tonic contraction of the muscles of the right. The pupil of the left eye was dilated. This continued for three hours, and although chloroform and bromide of potassium were given, the phenomena continued. Afterward one-half grain of musk was taken and the convulsions ceased. Patient slept well, and the next morning only complained of being dizzy. However, he could not walk straight, moving in a circle when he attempted to go forward. He recovered.

Dr. Hughes had not seen a case in which the convulsion and paresis occurred simultaneously. Would think that in this case there was more disturbance in one side of the brain than in the other, which might explain why the sides of the body were differently affected.

Dr. Newman called to mind a case of eclampsia in which the right arm was seemingly paralysed while the left was in a state of convulsion.

Dr. Hurt mentioned that in making the morning round at the City Hospital, he found the patients generally complaining of diarrhœa. He could not account for it as there had been no change in the diet, though he had noticed that the day before, the hydrant-water was highly colored, but did not taste bad. As the water in the city was not so colored, he would investigate it further.

Dr. Wm. Johnston called attention to the type of measles now prevailing in the city. In a majority of cases the eruption did not appear until from the eighth to the tenth day, the temperature ranging from 100° to 104° F. The patients were in a stupor and had photophobia.

Dr. Hughes read a paper on puerperal insanity.

Dr. Hodgen reported three interesting cases.

The first was a child eighteen months old, who had a double hydrocele of the canal of Nuck. Dr. Mudd had found in an adult on the dissecting table, the same condition on one side.

The second case was that of a lady, aged 40, married, who had four children. Several years ago a large swelling came beneath the left abdominal wall, which was movable, and increased in size till December, 1874, when it seemed to rupture and become less. In a month it again formed and seemingly burst as before. This occurred about every twenty days till March, 1875, the swelling then steadily increased till January, 1876, when there was evidence of another rupture. At this time, when seen by Dr. Hodgen she was as large as a woman at full term, and in great pain, which passed away under chloral. Patient says that after each time the tumor burst, she passed a large quantity of urine, and putrid gas would escape by mouth and rectum. It is probable that another rupture took place about January 25th. The tumor can now be felt about as large as a man's head and movable. In the right side is another tumor which forces the uterus to the left, and presses down into the pelvis. It is slightly influenced by the movements of the uterus. The uterine cavity is about four inches in depth.

The third case was a woman, aged 45, a widow, who has a dermoid cyst. Four years ago the Doctor saw her and diagnosed a fibro-cystic tumor of the uterus. Saw her again last week. Her abdomen was so greatly distended that she could not lie down, and there was œdema of the lower extremities. A trocar and canula being thrust through the abdominal wall, a large quantity of chocolate-colored water escaped. The canula was finally obstructed when a bundle of hair was withdrawn. Two buckets of fluid were drawn off, when the canula was taken out and more fluid fol-

lowed, tinged with blood. Three inches of a protruding mass was cut off when the fluid changed to a bright amber color. A loop of wire was passed into the cavity thirteen inches before meeting with obstruction. The abdomen is still large, and respiration difficult. Died three days later.

ST. LOUIS, February 5th, 1876.

Dr. Prewitt in the chair.

A communication from the Boston Society of Civil Engineers had been received, proposing a memorial to Congress regarding the use of the metric system of weight and measures, and a committee had been appointed at a former meeting to examine and report upon the communication.

Dr. Briggs, chairman of this committee, in reporting to the Society, read from the communication, and explained the origin and rationale of the metric system, and the memorial proposed. The committee offered the following resolution :

“*Resolved*, That the St. Louis Medical Society will join in the memorial of the Boston Society of Civil Engineers to Congress, requesting legislation to enforce the use of the metric system of weights and measures.”

After a motion to adopt, —

Dr. Dean remarked, that for several years he had used the metric system, and spoke of its application and suitableness in analytical chemistry, pharmacy, etc. If the measurements of science are in this system, because of its simplicity, it should be adopted in domestic measure for this same simplicity. The distinction between domestic measurement and the measurements of science should be broken down. It was coming into use, and had to be learned, so it was well to establish it soon. He was in favor, not of a gradual, but of a direct transition to it.

A letter from Dr. Curtman was read, showing the inconsistency and inconvenience of our present system of weights and measures, and suggesting a modification in which the well-known names in the present system might to some extent be retained.

Drs. Fairbrother, Briggs, and Prewitt, spoke in favor of the system.

The resolution was adopted.

Dr. Hurt explained how the diarrhœa at the City Hospital, mentioned at the last meeting, might have been caused. The engineer at the Hospital had been cleaning the tanks, and had stirred up the sediment at the bottom, which passed into the distributing pipes. The diarrhœa ceased when the water became clear.

Dr. Wm. Johnston thought that there must have been some element of decomposition, in addition to the sand and loam which is generally found in the water we use, which would not produce diarrhœa of itself.

Dr. Dean stated, the water supply of St. Louis contains a considerably larger proportion of albuminoid ammonia, than the maximum (an average of three times the maximum) of a proper drinking water as stated by Wanklyn. The free ammonia represents previous sewage contamination or nitrogenous matter; the albuminoid ammonia is developed from present animal or nitrogenous matter. The stirring up of the decomposing organic matter, may have led to the diarrhœa.

Reviews and Bibliographical Notices.

DA COSTA'S MEDICAL DIAGNOSIS. *Fourth Edition*, revised and illustrated. 8vo., pp. 855. Philadelphia: J. B. Lippincott & Co.

It is said on the title page to be "a guide to the knowledge and discrimination of diseases, with special reference to practical medicine."

“What can the matter be?” Is the great question in the treatment of disease? The ability to diagnose diseases correctly, discriminates between the scientific well-instructed physician and the charlatan, more certainly than any other test. While we know not what the matter is, we are all at sea without compass. With exact knowledge as to diagnosis, we adopt our course of treatment understandingly, and prosecute it with decision and confidence.

To practitioners of medicine, the importance of this study can hardly be over-estimated. That our author's studies on the subject have met with favor and appreciation by the profession, is sufficiently declared by his work having reached its *fourth edition*. The chapters on the subjects much discussed of late, viz. : *nervous diseases* and *fevers*, have been re-written with care to embody the latest researches and discoveries in these departments.

Young gentlemen about to engage in the practice of medicine will find this book written especially for their aid.

The plan of the work is to group morbid conditions according to their symptoms, *i. e.*, to follow a clinical classification.

Our author tells us, “the text must be looked upon as treating only of *general laws* and of their most notable infractions.”

Practitioners of medicine find it wise to provide all the aids to correct diagnosis possible; as on their accuracy in this department, more than in any other, depends their success in practice, and their reputation both with the people and profession. E.

A MANUAL OF BANDAGING. By C. Henry Leonard, M. A., M. D. Adapted for self-instruction; with over one hundred illustrations. Detroit: Daily Post, 1876. Price \$1.50.

(For sale by Gray, Baker & Co., St. Louis)

Few students have an opportunity to become skillful in the art of bandaging; to see it done, is far from knowing how to do it; and hospital drill is for the few only. The great majority of young graduates go to their work quite incompetent to apply a bandage to any part of the body as it should be done. This work is intended to supply the means, by description and illustration, for

every student and young practitioner to practice the art himself without other instruction, until he perfects himself in the application of dressing to any part of the body. The illustrations are admirable, the javellin indicating, in all cases, the direction the bandage takes from the beginning to the end. The numerous bandages figured are indexed alphabetically for easy reference.

Our works on minor surgery are quite inferior to this book in the number and perfection of the illustrations. Nothing betrays want of skill in surgery quicker than a bungling awkward manner of applying a bandage; a thing only to be learned by practice. The learner should roll his own bandage and practice the application on a well person with the guide before him.

We commend the work to all who care to do these thing, *secundum artem*. E.

THE MEDICAL JURISPRUDENCE OF INSANITY. By J. H. Balfour Browne, Esq., of the Middle Temple and Midland Circuit, Barrister-at-Law, Registrar to the Railway Commissioners, author of the "Law of Carriers," "The Principles of the Law of Rating," "The Law of Usages and Customs," "Responsibility and Disease," etc. Second edition, with references to the Scotch and American decisions. 8vo., pp. 713. Philadelphia: Lindsay & Blakiston, 1876.

Being familiar with the first edition of this work we have, though hastily, looked over the re-print of the new edition with a somewhat enhanced interest.

With larger type, and a longer page still containing a little less matter than a page of the first, this edition contains 713 pages against the 358 pages of the former. With the much that has been added, the author has also "referred to all the most important cases which have been decided in England, Scotland and America."

To the modified classification of insanity of Esquirol, and that formed by a combination of Esquirol's and Greisinger's, are added in this edition, Skae and Tuke's, Maudsley's, Hammond's, and Bucknill's classifications. The adoption of the first named classification is still adhered to, the author believing it to be best

adapted to the purposes of medical jurists, as being easily understood, and its ground being found in easily observed symptoms. He believes "it is only in this way that the great gulf which separates medical men and lawyers" in these matters "will be bridged over."

The last two chapters, one on Medical Experts, the other on Proofs of Insanity, are new. Written from a lawyer's standpoint, the former chapter may be of some use to medical experts, if only to show how others see them. While applicable in the case of would-be scientists and medical experts, the remarks of our author, when applied to the better class of expert witnesses, are quite as testy as pertinent. There is no doubt, however, that medical experts too often appear in the light of advocates. But, if to know the school to which an alienist physician belongs is to know pretty nearly what his testimony would be in an hypothetical—not to say a given—case, we think, too, we should know, from the work before us, on which side to summon the author as an alienist expert witness. We should be unlikely to call him and Maudsley on the same side. The advice to expert witnesses is very good.

"The chapters have been subdivided into sections to which the index and table of contents refer; the pages of the first edition being noted by bold-face superior figures," *i. e.*, figures above the lines. The value of this last arrangement is not great, for it is useless without both books, and if the latest is at hand the first is not needed, unless to transfer marginal or other written notes from it.

A few purely typographical slips occur (§47; p. 484; p. 448, "Schroder Vander Kolk's") in the very plain letter-press. The terminal *e*, in the author's name, is left off the back, in the copy before us.

All lawyers and physicians, interested in the medical jurisprudence of insanity, should have a copy of this work on their shelves.

D. V. D.

THE BODY AND ITS AILMENTS. By George H. Napheys, A. M., M. D. Illustrated by one hundred engravings and colored plates. 12mo., pp. 438. Philadelphia: H. C. Watts & Co.

This hand-book is intended for the instruction of the *people*, in matters pertaining to recovery from sickness and the preservation of health.

This is perhaps one of the best books of the kind, and if it were not true that "a little knowledge is a dangerous thing," would be a very valuable book for the laity. When we remember how difficult it is, even for medical students who have read a year or two, to get correct ideas concerning anatomy or physiology without dissection of the body, we are prepared to believe it quite impossible to abbreviate and popularize medical science, so that the anatomy, physiology, pathology and treatment of accidents and ailments, from infancy to old age, should be made intelligible, in one small volume, to people quite ignorant of such matters. To one educated in the medical sciences, this book of familiar directions would seem to meet the indications intended by the author; but we apprehend that the people who attempt to follow it in the *treatment of disease* will find themselves embarrassed with doubts and uncertainties too harrassing to be endured. As compared with other efforts of this kind, this is to be commended as we have said above; still we doubt the practicability of a popular guide to the treatment of disease.

So far as the work is devoted to human anatomy, physiology and hygiene, it will doubtless prove instructive. A good feature is the omission of the diseases peculiar to the sexes and of any illustrations improper to display before the family. E.

ON EXTRA-UTERINE PREGNANCY. By John S. Parry, M. D. 8vo., pp. 276. Philadelphia: Henry C. Lea, 1876.

This work treats of the causes, species, pathological anatomy, clinical history, diagnosis, prognosis and treatment of extra-uterine pregnancy; and is based upon the analysis of five hundred cases, collected from various sources. In classifying the five hundred cases, 214 are set down as tubal, 27 ovarian, 29 ab-

dominal pregnancy, and 230 doubtful. On vaginal pregnancy the author remarks, page 49, "it may therefore be concluded that we have no reliable clinical evidence that vaginal pregnancy is possible, and that there are good reasons for believing that it cannot occur." This accident is so rare that many practitioners never meet with a case. The author has with much labor collected his five hundred cases.

So terrible are the sufferings consequent upon this mishap that the physician needs all the light and help possible when it falls to his lot to treat a case. The collection of the recorded cases in our serial literature, and classification of the same indexed for reference, is a work of permanent value which cannot fail of appreciation by the profession generally.

Of the 500 cases, 336 died and 163 recovered; the immediate cause of death in a large majority of cases being the rupture of the cyst.

The comparative merits of the various methods of treatment are indicated in tables: a table showing the results of operative interference in sixty cases of extra-uterine pregnancy—mortality in per cent., 43.33; a table with the cases reaching or passing beyond term, and left to nature—mortality in per cent., 52.65; a table showing the results of 62 gastrotomies for the removal of extra-uterine children, operations performed before or at the end of gestation; of the 62 cases tabulated 30 lived and 32 died, showing that nature does nearly as well unaided as by operative interference.

This work will assist the practitioner materially in the diagnosis, if not the treatment of this accident of nature. E.

MEDICAL THERMOMETRY AND HUMAN TEMPERATURE. By E. Seguin, M. D. New York: William Wood & Co., 27 Great Jones street, 1876. 8vo., pp. xxii, 446.

In the appearance of Bärensprung's classical work on this subject, in 1851, with Traube's publications of about the same date, medical thermometry may be said to have fairly entered on a new phase of development. With the publication of Wunder-

lich's equally classical work, in 1868, thermometry was thoroughly confirmed and established as an invaluable means of physical investigation for the purposes of diagnosis and prognosis; though, it is true, on the first publication of the thermometric observations of W. and his assistants, they were ridiculed by some, and a certain French critic declared they "could only amuse physicians in those little German hospitals where the number of the staff almost equaled that of the patients." In that work, the generalizations from some millions of observations are embodied, and the claims and uses of animal thermometry are fully and convincingly set forth. No candid reader can rise from its perusal and call the author an enthusiast or a self-satisfied writer. It contains nothing foreign to the subject, either in the way of egotism or for the purpose of fine writing. Those acquainted with the original work, or with the valuable Sydenham Society translation, by W. Bathurst Woodman, M. D., published in 1871, may, then, well be pardoned if they look somewhat scrutinizingly upon any new claimant (if this be the word) for the presentation, in animal or human thermometry, of old facts with new, or of old facts in a better garb.

In the historical and bibliographical part of his book, Wunderlich says of the first publication of "*Medical Thermometry*," by E. Seguin, 1867, "*Seguin*, in particular, has made our experience well known in America (*Medical Record*, i. 516); and since then thermometry has been still more extended and recognized there."

In the preface to the new edition of Seguin now before us, the author says, "By the force of its documentary evidences this book is from Wunderlich, Roger, Sidney Ringer, Liebermeister, Charcot, William Squire, Bourneville, Rodman, Lépine, Wilson Fox, Bärensprung, J. Jones, Alvarenga, Brown-Séquard. By its unity of plan, and by the convergence given to these documents towards an Hippocratic Renaissance, I am bound to not decline its authorship."

We believe a sufficient *raison d'être* for a new book or a new edition, in English, on this subject, may be found in the fact

that the Sydenham Society translation, referred to above, is five years old and not easily accessible.

The pity is the greater, then, that the main reliance of the purely English-reading physician should be written in a style sometimes so tumid as to obscure or cover up, at others so stilted as to pass over what should be made plain, frequently ungrammatical, and always disfigured or distorted by Gallicisms, which latter blemishes might have been lessened if not remedied by some friend.

The following quotations, taken, with the exception of the first four, from two consecutive pages, may witness:

“In the variety called *double quotidian* there is two daily paroxysms.”

“The form of a bone cannot enter the mind through the ear, is even imperfectly delineated on the convolutions of the brain through the retina, unless color is added to form; whereas, through the poly-surfaces of the tactile papillæ, its form is like molden in the sensorium, where it will rest, not like an image, but a cast.”

“But this invention of Winternitz, no more than mine, nor those of other searchers unknown though prospecting on the same track, do not blind me to the fact than clinical thermometry, and other parts of the medical clinic, are yet quite deficient in instruments of observation.”

“One instrument over the suspected organ and the other over another viscera * * *.”

“Let the mother comprehend it as the pivot of health whence radiates consuming fever and algid collapse, and she will be equal to any emergencies.”

“In my estimation, this part of human thermometry, which belongs mostly to women, is like a ripe fruit, ready for assimilation by the minds which need it.”

“If any one could think that I am a lone enthusiast on the subject of family thermometry and its annexes * * *.”

“A true physician loses nothing by speaking like a man to his fellow women and men: honoring his subordinates in function he encourages them, and honors himself: of all workingmen, he

must remember that, *if there is ranks during labor, there is none in humanity.*"

• *Daily medical records.*—With their assistance the physician must begin at the base, and the base of all thermic operations is the daily record thereof; * * * * * If Roger's staff had been impressed by and imposed that basic duty, his otherwise precious observations would not have brought him more criticisms than compliment; and himself would likely have discovered those pathological laws which he only pre-sented. One thing it is to accumulate materials, another to melt them by a fulgent flash of thought in a new idea. The word *Patience is Genius* ought to be written patience prepares the material for genius. Few can accomplish this double operation; usually completed when the toils of the many are resumed in one man's brain. That is, at least, the process by which a physician deduces his prognostications in each case from the daily records of his hospital and family assistants, and is thereby enabled, after a long practice, to formulate one of those simple sentences, strong with the strength of numbers, which once in a while dazzle as an unexpected truth.

That is what I had in view when I issued successively six editions of my *Prescription and Clinic Record* (W. Wood & Co., publishers, N. Y.). There must be some good in it, since it was counterfeited in Philadelphia and in Cincinnati, without acknowledgement. Oh! for human feeble-mindedness, which expects a book-lifter to call himself a thief. If that *Clinical Record* had no value in it, it would not have been stolen."

Waiving consideration (for want of space) of the large amount of valuable "documentary evidences" contained in the work, and leaving the reader to form his own opinion of the "Hippocratic Renaissance," we note a matter of grave importance in the author's proposed "simplification" of the scale of the clinical thermometer, for which his main reasons may be found, together with a history of his inventions, in the following abstracts.

"Every animal has its *norme* of temperature, which has been established for those nearer us."

"Flattering things have been said on the superiority of man

over animals by Dogberry ; but, at least, we can attribute to ourselves the greatest power of keeping our *norme* against the action of external temperatures, without making the ant shake its antennæ, and the bee curl its mandibles. Birds have a higher temperature than mammals, and reptiles a lower one : man occupies the median place among the mammals which these latter occupy between birds and reptiles ; he is the centre of the thermic scale. The *human norme* is 37° centigrade scale, 0° physiological scale."

"Medical thermometry began with false notions ; the worst ones being that a single thermometer can do the whole clinical work, and that any scale will do."

"As on a battle-field, many lives have been spent since five and thirty years in taking temperatures, reducing one scale into another, writing figures, drawing curves and diagrams, summing up the products of the most intricate traces into general laws of thermo-physiology, and special laws of thermo-pathology, which will pass, like so many victories, to posterity under the name of General Wunderlich and others, who evolved the truth from the million of observations of the thousand nameless observers."

"I, for one, conceived that it would be of great honor to my profession, and of great benefit to my race, to render medical thermometry so easy that its use could become general, and could become extended to the solution of social and economical problems far more important than those of individual disease and recovery."

"I said long ago : Nothing is so practical as the searching for a sound theory. In consequence of such a research we come to the conclusion that medical thermometry must be founded upon the bi-basic idea of a scale human and unique, and represented by an unlimited number of pyrometric instruments."

"The scale of human temperature has for its pivot or axis [*norme* or 0] the point of normal ustion in man, or health point, from which radiate up the degrees of fever, and down those of depression."

"If this scale is truly human ; if its central figures is the axis

of the undulations of the vital tide and of the fluctuations of the living storms, what prevents us from writing it on our thermometer as the rule of clinical thermometry?"

"But men do not change their standard measures without weighty reasons. Very well. Our reasons against the old conflicting systems of thermometry are as follows:

"First, we cannot be said to subvert any medical thermometry, since there are several, all disagreeing, and none established by common consent. Second, their scales, different as they are, resemble each other in having nothing particularly human. Third, the zero F. interests metals, and the zero C. salads: but when we reach either of these zeros, of what help can they be to us? The struggle for existence takes place at many remote degrees from either; we reject them because they are not human.

"Our reasons for the adaptation to the clinical thermometer of the physiological scale are, that the interest in its figures is equivalent to an interest in our own health; that its scale is our biometer; that any deviation from its zero gives us a warning with reason; and that the figures of this scale are susceptible of mathematical operations giving positive results, by which we can calculate our own vitality, and the mathematical sum of strength we are able to spend in working or in suffering or in enjoying, as surely as we can keep our bank account: that is not all: but such are some of the reasons which justify the creation of THE PHYSIOLOGICAL THERMOMETER. It differs from the others by the starting point of its graduation, which is zero where the centigrade marks 37° , the Fahrenheit 98.6° , the Reaumur 29.60° , the Walferdin 77° . The physiological 0 is placed in the center of the drama whose acts are health, sickness, and death. Who could see that and understand not?

"The degrees of the physiological thermometer could have been borrowed from any previous scale; but the centigrade division was chosen because the conversion from centigrade to physiologic is made by the simple mental addition and subtraction of 37, without the trouble caused by the cumbrance of fractions;" etc.

"SURFACE THERMOMETER. In the *New York Medical Record*, of January, 1867 (quoted by Wunderlich). I urged the

necessity of inventing a thermometer for the surfaces, as we had for the cavities, and ventured to predict that it would come out under the pressure of what I knew, and wrote as a LAW in these italicized expressions: *What mankind need, man finds*: we needed a surface thermometer.

But the question was not then so clear as it now is. The first searchers, like Bouillaud, sought for some modification of the thermometer by which the same could be used *in* cavities and *on* surfaces; moreover, expecting to be able to submit to the same standard-measurement the temperature of the cavities which has a *norme*, and that of the surfaces which is only relative, and in a great measure dependent on the ambient, and can be figured only by comparison. Discouragement and dereliction of search were the result.

Since, when I almost pleaded the necessity of this invention, before the New York Library and Journal Association, in a paper read December 16, 1870, it was fortunate for me to be unaware of the discouraging opinion against the possibility of contriving a surface-thermometer already expressed by Wunderlich. If I had then known it, I should probably have given up the attempt, thus ignorance was bliss: though it is not safe to trust it, it served in this case. Not terrified by a great man's opinion athwart my path, I saw that the instrument must be exclusively to the purpose, have nothing common, but the scale, with the cavity thermometer, and be constructed with a view of action on surfaces whose temperature depends on a large range of atmospheric and physiologic or pathologic combinations, almost contingencies, most of them below the *norme* of central temperatures. In the absence of a *norme* I established one by a *comparison*."

We believe the introduction of the author's scales would be a great misfortune: that we may not appear more opinionative in this respect than becomes a book-notice, we give a few reasons for our dissent.

"The untrustworthiness of the observations of healthy temperature, owing to the difficulty of excluding previously existing slight, or (although latent) serious disturbances of health in the subjects of experiment, and the impossibility of sharply sever-

ing pathological effects from physiological ones, prevent our positively determining the *range of temperature in healthy human beings*; yet we may accept, as not far from absolute truth, the statement that the *range of normal temperature in the axilla is from 36.25° C. to 37.5° C. and that the mean normal temperature $= 37^{\circ}$ C.*—Wunderlich.

The 0 of Seguin's scale is, then, but the mean of a range, and not a fixed zero, like that of the centigrade thermometer, obtained at the temperature of melting ice. The "norme" of the surface thermometer of Seguin is not only different from that of the "cavity thermometer" but also relative; if relative, why not its zero relative? We have, then, to begin with, two different parts of a centigrade scale to indicate human temperature, but with two new zeros, established, after all is said and done, from the centigrade zero; that is, thirty-seven degrees centigrade, more or less, from the centigrade zero. The veterinarian, with as good reason, should have two equine, bovine, ovine, porcine and canine scales, with as many new zeros, and so on for every species of animal. For the purposes of comparative physiology and animal thermometry, these must all be reduced back to a standard scale; and if that scale be the centigrade, it answers of itself for the whole animal kingdom, as well as for the usual industrial and scientific purposes.

Mark the proper clinical designations on the centigrade stem, above 37.5° and below 36.25° , *i. e.*, above and below the range or oscillations of health, and even the nurse or mother can understandingly register the height of the column of mercury; for she does not lose sight of the fact that this index of human temperature, physiological or pathological, is a certain section or part of the scale of temperature she so often sees applied around her in the ordinary thermometer. Give her Seguin's so-called human or physiological scale (these names cannot be monopolized for Dr. Seguin's zero), and separate, for aught she knows, its indications from all other thermometric measurements, so that she does not surmise that it has anything in common with other thermometers, or if it has what it has in common or with what part of their scale it corresponds, and instead of simplifying clinical thermom-

etry for her or for any one else, we shall have made a sufficiently intelligent nurse or assistant, not a reliable registrar, but a mere mechanical recorder.

The *schema* of pathological temperatures is as easily remembered for the centigrade as for the author's scale, and an "interest in its figures" is just as much an "interest in our own health" as is the case with our author's scale. The interest is so much the greater, as we know more thoroughly the relation of our temperature to the temperature around us, and that there is no mystery in these figures.

In furtherance of remarks still to be made with reference to the author's scales, it may not be amiss, to some of our readers, to warn them of great errors of diagnosis and statistics into which they are liable to fall in placing implicit confidence in any clinical thermometer tested, when they purchase it perhaps, once for all. It is not sufficiently generally known by physicians, that the zero of thermometers constructed with the greatest care is subject to displacement (generally a rise, sometimes as high as two degrees), in the course of time, either from diminution of the volume of the reservoir, or of the stem or both, occasioned by the pressure of the atmosphere, or by pressure of the hand upon the bulb, or by a failure of the same to contract to the original volume on cooling, after exposure to high temperatures, or from molecular change, or other causes. The best instruments are allowed to stand two, three, or even more years, until the probable establishment of equilibrium, before the stems are graduated. For fine determinations, or even such as are required of a clinical thermometer, the scale should be frequently verified, by comparison with a *standard* thermometer whose zero is established at the temperature of melting ice, or with a clinical thermometer just verified by such an instrument. If found to be incorrect, a proper mental correction will have to accompany its readings whenever it is used.

Under such circumstances, Seguin's scale is still more complicated: for two compensations must be made to bring its readings into harmony with the scale (centigrade) from which its divisions are borrowed. In a recent trial of a set of his thermome-

ters, made by W. F. Ford, we found the two surface thermometers differed in the same temperature, or applied simultaneously to the same part, 5° ; and no part of the surface of the body would respond to their zeros, though the temperature of the cavities was found, by the "cavity thermometer," to be normal. A moderate and, apparently, equal pressure of the pad-like reservoirs upon the surface of the human body, or of other things, and careful removal of pressure, caused a rise and fall in the column of 1° in one, while the range of the other was only $.5^{\circ}$. Even the weight of the instruments upon their reservoirs caused a slight, but always perceptible rise. If, as the author observes, the pressure is to be "reserved to test the upheaving of pulsatile tumors," this procedure does not belong to thermometry, and it will be quite likely to increase the disagreement and inaccuracy of the thermometers.

We think it very plain that, for the present, the centigrade with its own zero (for convenience sake, of course not included in the stem), is the clinical thermometer, and that the author's seeming simplification really complicates.

Under *Temperature in Trichinosis* the author says: "Trichinosis was first diagnosed and microscopically demonstrated on the living, by Dr. E. C. Seguin in 1867 (Case No. 13), just before the introduction of the clinical thermometer in that institution. Soon after came a case hardly suspected before the post-mortem proof of its nature was given, in 1868 (Case No. 217). The third case was early recognized by living tissue being, as in Case No. 1, brought under the microscope, and it recovered."

In the winter of 1861-2, during the epidemic of trichinosis in Plauen, in the Saxon Voigtland, the disease was diagnosed by finding freshly invading trichinae in portions of muscle taken from the living patient. (*Böhler, Die Trichinenkrankheit in Plauen*, 1863.) Harpoons for removing bits of muscle for such diagnosis, were numerous, and numerous used to good purpose, long before 1867.

The bibliography of this work occupies nearly sixteen double-column pages of closely set nonpareil, and gives the titles, mostly,

and properly, untranslated, of some five hundred books, pamphlets, papers and abstracts. The book has a table of contents, but no index. Looking at the style of the writer, one is surprised that the publishers have done their work so well.

D. V. D.

PHTHISIS: Its Morbid Anatomy, Etiology, Symptomatic Events and Complications, Fatality and Prognosis, Treatment and Physical Diagnosis, in a series of Clinical Studies. By Austin Flint, M. D., etc. Philadelphia: Henry C. Lea, 1875. Cloth, 8vo., pp. 446.

The name of the author is a sufficient guarantee that this book is of practical value to both student and practitioner; the deductions are the result of observation in 670 cases of phthisis, the histories of which, carefully and tersely reported, are arranged to illustrate the main points of interest in the study of this disease. In the chapter on Morbid Anatomy, phthisis is shown to be a bilateral affection though not symmetrical, limited chiefly to the apices and upper lobes of the lungs. In discussing the relationship existing between the miliary tubercle and "the so-called tuberculous exudation or infiltration," the conclusion is reached that there is an absence of any "causative connection" in them, neither is Niemeyer's statement, "the greatest danger for the majority of consumptives is that they are apt to become tuberculous," warranted by facts.

Chapter II, on Etiology, is one of the most interesting divisions of the book. In the analysis of 383 cases, in more than one-half, the ages were between twenty and thirty years, and in 669 cases the number of males exceeded the females by two-thirds. Occupation, where sedentary, is shown to have an agency in the etiology, while there is no evidence that pleurisy, pneumonia or bronchitis, has a causative influence in the development of phthisis. Again, the author argues that hæmoptysis is not a cause of phthisis, but may in certain cases be a substitute for the local changes connected with its production: demonstrating that there is a greater proportion of instances of tolerance, arrest, and even recovery, among the cases in which hæmorrhage occurs,

than in those which escape it. These conclusions, at variance in part with opinions generally held by the profession, are carefully arrived at, and seem warranted by that best of guides, experience. Laryngitis is noted as of frequent occurrence in phthisis. In all cases where it was present it was chronic, subacute in all but one in the beginning, and coming on, as a rule, after the pulmonary disease had become well established. The chances of recovery from phthisis are not thought to be lessened by the presence of laryngitis unless deglutition is interfered with.

In regard to prognosis, the conclusion is, that a certain proportion of cases ends in recovery, for, in 670 there was arrest of the disease in 75, out of which number 44 recovered—a somewhat cheerful record. The average duration of a case of phthisis without treatment is thirty-nine months. Hygienic treatment tends to lengthen this period, as does also the use of cod-liver oil, which is considered more an aliment than a drug, while the results obtained from other treatment do not warrant any conclusion. A high estimate is placed on the effect of sea-voyages and out-door life, though the belief in a special climatic influence is not endorsed. Thus, while the author takes issue with many of the leading minds of the day on important questions arising in the study of phthisis, the strong testimony of experience and authority will have great weight with the earnest seeker after truth. As the result of clinical study the work is unequaled. W. P.

THE STUDENT'S GUIDE TO HUMAN OSTEOLOGY. By W. W. Wagstaffe, B. A., F. R. C. S. Assistant-Surgeon to, and Lecturer on Anatomy at, St. Thomas's Hospital. Philadelphia: Lindsay & Blakiston. 1875. 12mo., pp. 349.

This little book which professes to be but a guide or manual, brings before the student in a very attractive and convenient form, the most difficult and uninteresting part of anatomy, the study of the bones, and the description of their form, position and office, is treated in so pleasant and lively a manner as to make that study anything but dry or tedious.

The author also considers rather extensively and minutely a view of the bones which is not often much spoken of, the me-

chanical structure and object of disposition of the lamellæ of the cancellous and compact tissues.

The book is illustrated by twenty-three unusually fine lithographic plates of the bones themselves, with the origin and insertion of the muscles marked in red, after Holden's Osteology, and sixty-six wood-cuts showing the mechanism of their structure and movements in a very clear and simple manner. The plan of the book is excellent, and the subjects are studied very evenly and thoroughly, and we regret very much to have the unusually good impression which the book gives at first sight, considerably lessened by the careless and indefinite expressions which are found too often in the first half of the book; as this (p. 33): "the muscles acting upon the humerus, being so close to the fulcrum or turning-point, gain immensely in the space through which they move the long arm of the lever; they lose, however, in strength;" and this (p. 56), the pisiform bone is "known by its being pea-like," and this (p. 84), "the acetabulum is a cup-shaped cavity imperfect below;" and on the next page, "the acetabulum is all bony about the seventeenth year," and numerous others. If there is any science which requires accuracy, clearness and conciseness of expression, it is anatomy; and looseness of definition, or incorrect use of words, is one of the worst faults of an anatomical text-book. The last half of the book is much better written. The author evidently copies his origin and insertion of muscles from Gray's Anatomy, as he makes the same mistakes as that book; one of which is putting the insertion of the obturator externus muscle alone in the digital fossa of the femur, and inserting the obturator internus and gemelli on the top of the trochanter, whereas all these short rotators are inserted into the fossa, except the pyriformis which goes to the trochanter. The name trochanter, by the way; he derives incorrectly from the Greek verb *τρέχω*, to run, instead of properly from *τροχάω*, to run round, or revolve.

The other mistake in which he follows Gray is, in making the semimembranosus muscle arise from the upper outer facet of the tuberosity of the ischium, and the biceps and semitendinosus below; whereas the reverse is the usual manner of origin, the semi-

membranous below, and semitendinosus and biceps above. On the plate of the scapula no origin of the long head of the triceps is marked. With the exception of these few faults, the book is in every way to be recommended to the student of this hard and dry subject. B.

Books and Pamphlets Received.

THE MEDICAL JURISPRUDENCE OF INSANITY. By J. H. Balfour Browne, Esq. Second edition, 8vo., pp. 713. Philadelphia: Lindsay & Blakiston, 1876.

MEDICAL THERMOMETRY AND HUMAN TEMPERATURE. By E. Seguin, M. D. 8vo., pp. 446. New York: Wm. Wood & Co., 1876.

(For sale by the St. Louis Book & News Co.)

MEDICAL DIAGNOSIS. With Special Reference to Practical Medicine; a Guide to the Knowledge and Discrimination of Diseases. By J. M. DaCosta, M. D. Illustrated, Fourth Edition Revised. 8vo., pp. 835. Philadelphia: J. B. Lippincott & Co., 1876.

(For sale by the St. Louis Book & News Co.)

THE BODY AND ITS AILMENTS. A Hand-book of Familiar Directions for Care and Medical Aid in the more usual Complaints and Injuries of Adults and Children. By George H. Napheys, A. M., M. D. 12mo., pp. 438. Philadelphia: H. C. Watts & Co., No. 1224 Chestnut St.

(For sale by N. D. Thompson & Co., 303 St. Charles St., St. Louis, and the Book stores.)

TRANSACTIONS OF THE MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA. Washington, D. C., 511 Eleventh Street. 1876.

FIFTH ANNUAL REPORT OF THE BOARD OF THE CHILDREN'S HOSPITAL, 1876.

ON THE ADMINISTRATION OF DIGITALIS IN THE WEAK-HEART OF CONTINUED FEVER. By E. T. Easley, A. M., M. D.

ILLUSTRATED CATALOGUE OF SURGICAL, MEDICAL AND SCIENTIFIC PUBLICATIONS. Philadelphia: Henry C. Lea.

VALEDICTORY ADDRESS Before The Medico-Legal Society of New York, by Clark Bell, Esq.

THE ELECTROTYPE JOURNAL, No. 1, Vol. iii. Published by A. Zeese & Co., 114 Monroe Street, Chicago.

TRANSACTIONS OF THE MEDICAL SOCIETY OF THE COUNTY OF ERIE, Buffalo, N. Y.

INHALATION IN THE TREATMENT OF DISEASE. By J. Solis Cohen, M. D. Second Revised Edition. Philadelphia: Lindsay & Blakiston. Price \$2.75.

(For sale by the St. Louis Book & News Co.)

TRANSACTIONS OF THE PATHOLOGICAL SOCIETY OF PHILADELPHIA. Vol. V., Edited by James Tyson, M. D., 1876.

(For sale by the St. Louis Book & News Co.)

Extracts from Current Medical Literature.

Diphtheria. Meeting of the New York Medical Journal Association.

In the *New York Medical Record*, No. 275, Dr. J. Lewis Smith reports that he is of opinion that the blood-poisoning in diphtheria preceded the inflammation. Reference was made to certain cases reported by Dr. Bigelow which pointed towards the occurrence of diphtheria in children under three months of age.

Dr. Smith believed the opinion well founded that diphtheria might occur in children under this age, although it has been stated otherwise in the books. An ichorous nasal discharge was looked upon as a specially unfavorable symptom, and injections of antiseptics into the nostril were recommended. The administration of quinine was recommended, but in small and oft-repeated doses.

The Treatment of Hooping-Cough by the Iodide of Silver.

Dr. Robert Bell, in the *Obstetrical Journal of Great Britain and Ireland*, December number, 1875, gives his experience in the treatment of hooping-cough with *iodide of silver*. He has treated over a hundred cases with this remedy with uniform success; the cough losing the hoop by the end of four weeks, and quite well in six weeks; the usual complications of the disease being exceedingly rare. He prescribes one-eighth grain three times a day. He considers hooping-cough a disease of the gastric periphery of the pneumogastric nerve, and that the silver salt acts as a sedative to this morbidly sensitive nerve.

Dog's Milk for Children.

In the *Obstetrical Journal of Great Britain and Ireland*, February number, Dr. P. Luzun relates the particulars of three cases in which he employed dog's milk. In the first a girl between six and seven, in twenty-five days she became vigorous and able to walk. He states that dog's milk contains as much again of butter as human milk or that of the cow, and seven or eight times more than that of the donkey. It is also of all the milks which are employed by man, save that of the sow, the richest in casein.

Salicylic Acid in Acute Rheumatism.

Dr. C. P. Putnam, in the *Boston Medical Journal*, records his experience with this medicine in the treatment of acute rheumatism. To a child five years old, he gave five grains covered in wafer every hour, these doses were continued until nearly a drachm had been taken. No tinnitus aurium was observed by

the patient. The day following the patient could turn herself about the bed with ease and wished to be dressed; the redness had left the joints, leaving slight œdema; patient complained only of slight itching of the hands and feet.

When the treatment was commenced the temperature was 103.5° , under the use of the acid, in twenty-four hours, it fell to 99.9° .

The above experience seems to warrant further trial.

Dilatation of the Female Urethra.

We find in the American Supplement to the *Obstetrical Journal of Great Britain and Ireland*, on the Dilatation of the Female Urethra, by George Jewett, M. D., the following:

First, What is the extreme bloodless dilatation of the female urethra? *Second*, To what extent can rupture be carried without danger in its sequences? Authorities differ widely as to the bloodless dilatability of the female urethra. Dr. Poland, in *Guy's Hospital Reports*, cites the case of a girl of eighteen, whose urethra dilated spontaneously so as to allow the passage of a calculus which weighed 8.8 drachms, and which required a circumferential dilatation of 9.8 centimetres; the dilatation was followed by no bad consequences. Dr. Poland relates a case in his own practice in which he removed a calculus measuring in its least circumference 11.8 centimetres, and weighing 651 grains; there was no incontinence or other ill effects. Sir Ashley Cooper says that bloodless dilatation of the female urethra is harmless; and there, in apparent contradiction, cites cases which were followed by permanent incontinence. Hybord states that dilatation must not be carried beyond four centimetres in circumference. Prof. Simon, in summing up his observations, says that dilating plugs may not be used in the female adult urethra exceeding 6.3 centimetres in circumference.

As to the extent to which rupture can be carried without permanent injury, I find almost no results recorded. A very few cases are reported in which more or extensive lacerations resulted from the extraction of large calculi, followed by permanent incontinence, but many more are reported by bloodless dilatation which

were followed by this dreadful result. Prof. Simon's view, that a tolerably free enlargement of the meatus with the knife is a positive safeguard against incontinence, suggested to my mind that a like operation might possibly prove a cure for that malady.

Diphtheria (Treatment). Lecture by J. Solis Cohen, M. D.

If diphtheria is primarily or essentially a constitutional affection, its development, when once it has fairly attacked the organism, can no more be prevented than can the development of the contagious exanthemata, typhoid fever, and other specific diseases of like character. Seclusion from infection appears to be the only reliable means of prophylaxis. If removal from infected centres is impracticable, we must be content with advising avoidance of exposure to cold, inhalation of dust and other deleterious matters in the atmosphere, over-exercise of the voice, and everything whatever which may predispose to inflammation or catarrh of the nares, throat and air-passages. At the same time care must be taken to keep the general system in its healthiest condition; and if there is occasion for the use of tonics, the tincture of the chloride of iron may be administered with great propriety.

Upon the appearance of any morbid secretion in the throat or nostrils, frequent and efficient cleansing should be instituted with washes, douches or gargles of weak solutions of table salt or chlorate of potassium: and if there is direct exposure to infection, carbolic acid, salicylic acid, sulphurous acid, permanganate of potassium, the hyposulphites, and the like, may be judiciously substituted on account of their antagonistic action upon the development or propagation of low organisms.

The treatment to be instituted, once the pathological products have become manifest, will depend upon the views held as to the nature of the disease and its cause. Nutritive, supporting and stimulating treatment constitutionally, is now almost universally recognized as absolutely necessary; and depleting measures, even of the mildest character are almost universally avoided. This unanimity would indicate that diphtheria is something more

than the pseudo-membranous croup, which, if we credit the records in our text-books, was formerly thought to require the use of antiphlogistic measures.

With regard to the treatment of the local manifestations, there is much less unanimity of opinion. Practitioners who regard diphtheria as chiefly a systemic disease, are apt to consider local measures as useless and productive of fresh sources of injury. They will depend on systemic medication to the exclusion of specific or special local measures, unless we look upon the exhibition of emetics, expectorants, and the like, for the expulsion of accumulations in the air-passages, as local measures. Many eminent practitioners discard all local treatment whatever. Practitioners who believe the disease to be chiefly local in the first instance, will direct their efforts towards removal or destruction of the morbid products, and, if too late to accomplish this result, to the exhibition of local agents that dissolve or decompose them. Those who partake of both views will pursue a mixed treatment accordingly.

Although numbers of observers denounce topical treatment on the score of its uselessness in a systemic disease, its inefficiency to prevent subsequent deposits in the same locality, its liability to induce additional deposit upon surfaces which may be accidentally or unintentionally exposed to contact with the local remedy, the difficulty of its effectual application in certain instances, and the like, evidences of the efficacy of local interference have been too numerous to justify entire reprobation of the practice. Employed by Aretæus, centuries ago, and then reintroduced into practice by Van Swieten, and again by Bretonneau, it has been abandoned and resumed again and again. Some observers resort to the local action of caustic applications, with the view of arresting the extension of the membrane over unaffected structures, or effecting its entire destruction,—and chiefly on the theory that the main danger lies in the deposit; others hope to excite a substitutive healthy inflammation of the part which shall supersede the unhealthy specific process; others, again, hope to destroy the cryptogamia which are believed to be the initial cause of the deposit; and others hope to place the mucous membrane

in a condition unfavorable for the propagation of these organisms.

As diphtheria is always serious, every case demands close attention, and frequent and careful examination, with the aid of all the resources at our disposal ; and the treatment, to be at all effectual in hazardous cases, must be assiduous and free from vacillation. Topical applications, when resorted to, should be made by the medical attendant himself, or by a professional assistant fully competent, no matter how frequently they need to be repeated ; and other local measures should be instituted under the personal superintendence of a well-instructed attendant. Many a patient is sacrificed to inefficient attention, a neglect that is only excusable in the county practitioner whose patients reside at distances so remote that it is impossible to secure them a proper amount of professional surveillance, and which is actually culpable when there are other physicians whose assistance can be enlisted if the regular adviser is unable by press of business to devote sufficient personal attention to his own patients.

Several objects must be kept prominently in view during the entire treatment. Chief among these is efficient sustenance of the patient, and the prompt discharge of the morbid products as they accumulate. If these two main indications can be fulfilled the patient can be carried safely through the disease. There is no specific, topical or constitutional, which can arrest the disease or prevent the evolution of the local manifestations, although there are agents which modify the process and diminish the virulence of the infection. A warm, equable temperature, an excess of humidity of the atmosphere, and free ventilation conduce to the comfort of the patient, and the facilitation of expectoration. Until the appearance of the exudation we may depend upon nutritive and tonic treatment, with thorough cleansing of mouth, throat and nares ; care being taken to disinfect the apartment and the house as far as practicable. This disinfection may be accomplished to some extent by the free use of solutions of carbolic acid exposed here and there, or sprayed about from time to time, and of sulphurous acid in sprays, or in fumes from ignited sulphur ; these agents being competent, in some instances, to

destroy the germs which spread the infection, if they do not originate it.

Tincture of the chloride of iron is one of the most valued remedies for internal administration. It is usually given in decided doses frequently repeated; from five to fifteen drops, according to the age and vigor of the patient, every second hour, hour or half-hour. It is necessary to secure its action upon the blood and system as rapidly as possible. Its frequent deglutition likewise exerts a beneficial physical influence upon the morbid products with which it comes in contact; for, as will presently be stated, it is one of our most reliable agents for topical medication. I have no hesitation in commending the use of this remedy.

Quinia is much used as a tonic in diphtheria, as well as for its action upon the nervous system, and as an apyretic in fever. It may be combined with the tincture of iron in the form of the hydrochlorate, or, if that is not accessible, in the usual form of sulphate. It is given in decided doses until the buzzing in the ears or some other manifestation gives token that the system is under its influence, when the doses may be lessened and the intervals between them increased. I am not much in the habit of prescribing quinia in diphtheria, unless I see some special indication for its exhibition; but this practice is by no mean to be construed into any absolute disparagement of its remedial agency.

Alcohol, in the form of some strong wine or brandy, is of great value as a stimulant. From half a drachm to half an ounce of brandy, or its substitute, according to the age of the patient, may be given every two or three hours, or more frequently; and its free administration should not be delayed after the earlier symptoms of loss of vigor are apparent. Its effect on the general condition of the patient will be the criterion for its continuance. When indicated and well borne it may be used freely, especially if efficient nourishment is difficult.

Carbonate of ammonium is a remedy of great value at special moments of sinking. A full dose at such periods will sometimes stimulate the patient during a short interval, which may be taken advantage of for the administration of the remedies in systematic

use, or of emetics, or inhalations of lime, and the like, to facilitate the expulsion of accumulating secretions in the air-passages. * * * *—*The Medical Record.*

Death from Chloral.

The *Medical Times and Gazette* of January 15th, reports the death of a lady from taking 125 grains of chloral hydrate within two hours. She had been in the habit of taking it for two years, as on this occasion, without medical supervision.—*N. Y. Med. Jour.*

On the Weight of New-born Children. By E. Ingerslev, in the *Obstetrical Journal of Great Britain and Ireland*, February number, 1876.

Scanzoni from 9000 cases fixes the average weight at 6 pounds (Danish) and 28 lod (=3437.5 grammes). Hecker at 3275 grammes, E. Von Siebold at 3250 to 3500 grammes. The smaller number representing the weight of the girls and the greater the boys. Observations on 3450 mature children in the lying-in institution in Copenhagen, the average weight is 3333.5 grammes.

The proportion between boys and girls is as follows: 1833 boys had an average weight of 3380.9 grammes, and 1617 girls of 3279.7 grammes; this gives a little more than 100 grammes in favor of the boys.

1723 children of *primiparæ* were found to have an average weight of 3254 grammes, while in 1727 children of *multiparæ*, the average weight was 3412 grammes, giving an excess of 158 grammes in favor of the latter.

This increase of weight has been regarded by Mathews Duncan as being in relation not to the increasing number of pregnancies, but to the age of the mother. He lays down the following propositions: 1, The weight of the children of *primiparæ* is not nearly uniform, but varies accordingly to the age of the mother. 2, The weight of the children of all mothers, whether *primiparæ* or *multiparæ*, varies according to the same law of the mother's age. He alleges that he has found from his inves-

tigations that this progression in weight according to the mother's age reaches its highest point between the twenty-fifty and twenty-ninth years, after which there is a slow fall. Hecker has investigated this question using as his material 4000 children, a number about twice as great as that on which Duncan founded the above mentioned conclusions; yet he found no fixed limit to the progressive increase of weight, but believes it extends to the end of the procreative period, and that age is not the only factor which determines the increase, but that the number of pregnancies has a recognizable influence. Wernich corroborates Hecker's opinion by an examination of 6000 children in the lying-in hospital in Munich.

That the twenty-fourth year, all things being equal, is well for a *primipara*; one in favor for the second time the twenty-seventh year; and one in her third time in her twenty-ninth year.

Extirpation of the Uterus.

This operation has recently been successfully performed by Dr. James S. Chadwick of Boston. The broad ligament and the neck were first ligated dividing the neck into two parts.

Some sliding of the ligatures on one side permitted considerable hæmorrhage until the bleeding vessels were caught and severally tied.—*Boston Med. and Surg. Journal.*

Medical Colleges.

The Commencement Exercises of the Missouri Medical College, were held on the 2nd of March, at the Temple. The degree of Doctor of Medicine was conferred on sixty-seven gentlemen; the larger number of students at this institution *this year* being probably due to the reduction of fees, thereby calling students who might otherwise have attended at Chicago or Cincinnati. A large and appreciative audience attended. E.

The Commencement Exercises of the St. Louis Medical College and of the Missouri Dental College, were held at the Temple at 8 o'clock P. M., March 10th, in the presence of a large audience of friends and members of the profession. The degree of Doctor of Medicine being conferred on forty-six gentlemen whose names we have not space to give.

The degree of Doctor of *Dental Surgery* was conferred on four young gentlemen. The addresses were highly appropriate to the occasion.

The tenth annual meeting of the Alumni Association of the St. Louis Medical College was held March 10th, at 11 o'clock, in the College building, corner of Seventh and Myrtle streets.

The annual address was delivered by Dr. H. H. Mudd, President of the Association, and after various matters of business were disposed of, the following officers were elected for the ensuing year :

President, Dr. H. H. Mudd ; Vice President, Dr. C. V. L. Ludwig ; Corresponding Secretary, Dr. Edward Evers ; Treasurer, Dr. W. Wyman ; Recording Secretary, Dr. T. B. Taylor ; Librarian, Dr. J. F. Lutz. E.

Medical Meetings.

The twenty-seventh session of the American Medical Association will convene in Philadelphia, Pa., on Tuesday, June 6th, 1876, at 11 A. M.

The Missouri State Medical Association will convene at St. Louis on Tuesday, April 18, 1876.

The Texas State Medical Association will be held at Marshall, April 4, 1876.

The Tennessee State Medical Society will be held at Nashville, April 5, 1876.

Meteorological Observations.

By A. WISLIZENUS, M. D.

The following observations of daily temperature in St. Louis are made with a MAXIMUM and MINIMUM thermometer (of Green, N. Y.). The daily minimum occurs generally in the night, the maximum at 3 P. M. The monthly mean of the daily minima and maxima, added and divided by 2, gives a quite reliable mean of the monthly temperature.

THERMOMETER FAHRENHEIT—FEBRUARY, 1876.

Day of Month.	Minimum.	Maximum.	Day of Month.	Minimum.	Maximum.
1	12.0	23.0	18	28.5	54.0
2	6.5	23.0	19	34.5	47.0
3	21.0	30.0	20	34.5	60.0
4	4.5	18.0	21	36.0	48.5
5	15.0	38.5	22	28.5	55.5
6	33.0	50.0	23	19.5	28.5
7	35.5	49.5	24	25.0	60.5
8	40.0	58.0	25	44.0	64.5
9	52.0	70.0	26	47.5	65.0
10	53.0	70.5	27	55.5	74.0
11	46.0	54.5	28	28.0	41.5
12	40.0	63.5	29	26.5	39.5
13	49.5	60.0			
14	31.0	46.5			
15	21.0	26.5			
16	22.0	35.5	Means	31.4	48.0
17	23.0	39.5	Monthly Mean	39.7	

Quantity of rain: 3.05 inches.

Mortality Report.—City of St. Louis.

FROM JANUARY 30, 1876, TO FEBRUARY 26, 1876, INCLUSIVE.

Measles.....18	Phthisis Pulmonalis.....50	Pleuritis.....2	Cellulitis.....1
Scarlatina.....24	Hydrocephalus.....4	Hydrothorax.....1	Caries of Pelvis.....1
Variola.....24	Meningitis.....9	Edema of Lungs.....3	Premature Birth.....8
Diphtheria.....15	Apoplexy.....7	Catarrh.....1	Metritis.....1
Croup, Membran's.....6	Effusion of Brain.....1	Gastritis.....2	Puerp. Peritonitis.....1
Erysipelas.....3	Cerebritis.....2	Gastro-Enteritis.....2	" Convulsions.....1
Typhoid Fever.....6	Convulsions, Infant.....24	Enteritis.....2	" Fever.....1
Remittent Fever.....3	Paralysis.....3	Inflam. of Intestines.....2	Miscarriage.....1
Gastro-Mal. Fever.....1	Tetanus.....2	Intus.....2	Pregnancy, Album.....1
Congestive Fever.....3	Prismus-Nascentium.....10	Conges. of Stomach.....1	Senile Debility.....6
Præmia.....3	Softening of Brain.....1	Dentition.....1	General Debility.....2
Septicæmia, Puerp.....1	Peritonitis.....1	Leucocythæmia.....1	Locomotor Ataxia.....1
Diarrhoea.....3	Edema Cerebral.....1	Inflam. of Liver.....1	Gangrenous Ulcer.....1
Dysentery.....4	Nervous Exhaustion.....1	Hernia, Strang.....1	Wound, Gunshot.....2
Cholera Morbus.....1	Pericarditis.....1	Cirrhosis of Liver.....3	Burned.....1
Enterocolitis.....1	Valv. Dis. of Heart.....2	Hepatitis.....1	Poisoned by Opium.....2
Cer. Sp. Meningitis.....7	Dropsy, General.....7	Conges. of Liver.....2	Scalds.....1
Syphilis.....2	" of Ovaries.....1	" Spleen.....1	Asphyxia.....1
Inanition.....5	" of Heart.....1	Hæmorrhage Bowels.....1	Concussion of Brain.....2
Cancer of Breast.....1	Obstruction of aorta.....1	Nephritis.....2	Suffocation.....1
" Stomach.....3	Heart Disease, Org.....4	Bright's Disease.....2	Hanging, by law.....3
" Anus.....1	Cynan. Trachealis.....1	Cræmia.....3	
Anæmia.....1	Laryngitis.....1	Abscess of Liver.....2	Total Deaths.....472
Marasmus.....18	Bronchitis.....29	Ovarian Tumor.....1	
Scrofula.....1	Pneumonitis.....51	Uterine Tumor.....1	Still-Births.....30

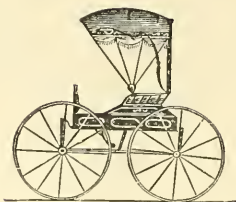
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	Grains.		Grains.			
ACID ARGENICI.....	1-20	1-50	MORPHILE SULPHAT.....	1-10	1/8	1 1/2
ACID, TANNIC.....	2	5		{ Quinque Sulph.....	1 1/2	
ALOES (U. S. P.).....	2	2	NEURALIC.....	{ Morphine.....	1-20	
	{ Pulv. Aloes Soc.....	2		{ Strychnine.....	1-30	
	{ Pulv. Saponis.....	2		{ Ext. Aconit.....	1 1/2	
ALOES et FERRI.....	1	1/2	OPII.....	{ Opii.....	1 1/2	
	{ Pulv. Zingib. Jam.....	1	OPII et CAMPH.....	{ Camph.....	2	
	{ Fer. Sulph. Exsie.....	1	OPII.....	{ Opii.....	5	
ALOES et MYRRH.....	2	1/2	et PLUMBI AC.....	{ Plumbi Acet.....	1 1/2	
(U. S. P.).....	{ Pulv. Myrrha.....	2	PANCREATIN.....		1	
	{ Croci Stigmat.....	1/2	PEPSIN.....		5	
AMMONIA BROMID.....	5	10	PEPSIN PORCI.....	{ Bismuth Sub-Nit.....	5	
AMMONIA MURIAT.....	3	5	et BISMUTH.....	{ Pepsin Porci.....	1	
ANTI-BILIOUS.....	{ Ext. Coloc. Co.....	2 1/2	PEPSIN PORCI.....	{ Pepsin Porci.....	2	
(Vegetable).....	{ Podophyllin.....	1 1/2	et BISMUTH.....	{ Bismuth Sub-Nit.....	5	
ANTI-DYSPEPTIC.....	{ Pulv. Ipecac.....	1-10	et FERRI.....	{ Ferri Met.....	1 1/2	
	{ Mass Hydrarg.....	2	PEPSIN PORCI.....	{ Bismuth Sub-Nit.....	2 1/2	
	{ Ext. Coloc. Co.....	2	et BISMUTH.....	{ Pepsin Porci.....	2	
APERIENT.....	{ Ext. Nucis Vom.....	1/4	et STRYCHNILE.....	{ Strychnine.....	1-60	
	{ Ext. Coloc. Co.....	2	PEPSIN PORCI et	{ Pepsin Porci.....	3	
	{ Pulv. Rhei.....	1/2	CALCI LACTO.....	{ Calci Lactophosph.....	2	
BISMUTH SUB-NIT.....	5	10	PEPSIN PORCI.....	{ Pepsin Porci.....	5	
BISM. SUB-NIT. et	{ Bismuth Sub-Nit.....	2 1/2	et FERRI.....	{ Ferri Pyrophosph.....	2	
PEPSIN.....	{ Pepsin.....	2 1/2	PEPSIN PORCI et	{ Pepsin Porci.....	5	
CALOMEL.....	1/4	1 2 3 5	STRYCHNILE.....	{ Strychnine.....	1-60	
CATHART. COMP. (U. S. P.).....			PEPSIN PORCI et	{ Pepsin Porci.....	2	
CATHART. IMPROVED.....	{ Ext. Coloc. Simp.....	1/2	et PANCREATIN.....	{ Pancreatin.....	2	
	{ Podophyllin.....	1/4	et BISMUTH.....	{ Bismuth Sub-Nit.....	2	
CATHARTIC (Vegetable).....	{ Pulv. Res. Scam.....	1/4		{ Pepsin.....	2	
	{ Pulv. Aloes Soc.....	1 1/4	PEPSIN COMP.....	{ Sodii Lactac.....	2	
	{ Pulv. Cardamomi.....	1-9		{ Magnesia.....	2	
	{ Pulv. Saponis.....	1/2	PHOSPHORI.....		1-60	1-100
FERRI OXALAT.....	2	1	(e. Sacch. Lact. 2 grs.).....			
COOK'S.....	{ Aloes.....	1	PHOSPHORI COMP.....	{ Phosphori.....	1-100	
	{ Calomel.....	1/2	et Ext. Nucis Vom.....		1/4	
	{ Rhei.....	1	PODOPHYLLIN.....		1/4	1-10
	{ Sapo.....	1/2	(e. Sacch. Lactis 2 grs.).....			
COLYCINTH. COMP. (U. S. P.).....			PODOPHYLLIN.....		1/2 ad 2	
DOVER'S POWDER.....	{ Ipecac and Opii.....	2 3 5	PODOPHYLLIN COMP.....	{ Podophyllin.....	1 1/2	
FERRI MET. (Quevenne's).....	1	1		{ Ext. Hyos.....	1/2	
FERRI CARB. PROT.	3	5		{ Ext. Nuc. Vom.....	1-16	
FERRI CARB.....	{ Ferri Carb. (Vallet).....	2	PODOPHYLLIN et	{ Podophyllin.....	1/4	
QUINLE et STRYCHNILE.....	{ Quinque Sulph.....	1	HYDRARG.....	{ Mass Hydrarg.....	2	
	{ Strychnine.....	1-60	POTASS. BI-CARB.....		8	
FERRI LACTAT.....	1	1	POTASS. BROMID.....		5 10	
FERRI PYROPHOSPH.....	2	2	QUINLE BI-SULPH.....	1/2	1 2 3 4 5	
FERRI et QUINLE CITRAT.....	2 3	3	QUINLE SULPHAT.....	1/2	1 2 3 4 5	
FERRI et QUINLE SULPH.....	{ Ferri Met.....	1/2	QUINLE et FERRI et	{ Quinque Sulph.....	1	
et BISMUTH et PEP SIN.....	{ Quinque Sulph.....	1/2	STRYCHNILE.....	{ Ferri Pulv.....	1	
FERRI et QUINLE SULPH.....	{ Bismuth Sub-Nit.....	5/2		{ Strychnine.....	1-60	
et BISMUTH et PEP SIN.....	{ Pepsin Porci.....	2	RHEI (U. S. P.).....	{ Pulv. Rhei.....	3	
STRYCHNILE.....	{ Ferri Met.....	1/2		{ Pulv. Saponis.....	1	
	{ Quinque Sulph.....	1/2	RHEI COMP. (U. S. P.).....	{ Pulv. Rhei.....	2	
	{ Bismuth Sub-Nit.....	5/2		{ Pulv. Aloes Soc.....	1 1/2	
	{ Pepsin Porci.....	2		{ Pulv. Myrrh.....	1	
	{ Strychnine.....	1-60		{ Ol. Ment. Pip.....	1	
HOOPER'S.....			SANTONIN.....		1	
HYDRARG. (U. S. P.).....	1 2 3 5			{ Sodii Bi-Carb.....	8	
IODOFORM.....	1	1	SODA AMMON.....	{ Ammon. Carb.....	1 1/2	
IODOFORM et FERRI.....	{ Iodoform.....	1		{ Ol. Ment. Pip.....	gtt. 1/2	
LADY WEBSTER'S (3 grs.).....	{ Ferri Carb. (Vallet).....	2	STRYCHNILE COMP.....	{ Strychnine.....	1-100	
	{ Pulv. Aloes Soc.....	2		{ Phosphor.....	1-100	
	{ Gum. Mastich.....	2		{ Ext. Cannab. Ind.....	1-16	
	{ Flor. Rose.....	2		{ Ferri Carb. (Vallet).....	1	
LEPTANDRIN.....	{ Leptandrin.....	1/2 ad 1		{ Aloes.....	2	

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for local Weakness and Pains—if worn by night, or day, as a flexible pad, self-applies a constant fine Electric influence, of great power to cure weak Nerves, Joints, Muscles or Organs, as weak Lungs, Throat, Stomach or Back, Sluggish Liver, Rheumatic Heart, Asthma, Congestion in Neck, Head Pains, Weak Kidneys and Pelvic organs.

Large best Disk, 5 by 8 inches, 24 poles, \$2.50. Children's, 2 by 5, \$1. Simple Disk, 50 cents. Greatly improved in durability. Each Disk is warranted.

Physicians say, "Garratt's Disk is the only thing for this purpose, that is reliable."

Sold by Druggists and Surgical Instrument Dealers.

Sent by mail on receipt of price, by A. C. GARRATT, M. D. Electrician, 6 Hamilton Place, Boston, Mass. Wholesale and retail by A. M. Leslie & Co., 319 N. Fifth Street, St. Louis, Mo.

Long Island College Hospital, Brooklyn, New York.

SESSION OF 1875-6.

The **Collegiate Year** in this institution embraces a **READING and RECITATION TERM** and a **REGULAR TERM OF LECTURES**.

The **READING and RECITATION TERM** will commence October 1, 1875, and close at the commencement of the Regular Term.

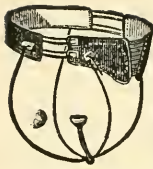
The **REGULAR TERM** will open March 1st, 1876, and close the last week in June following.

The **LONG ISLAND COLLEGE HOSPITAL** was the first, in this country, to unite a *Hospital* and a *Medical School*, for the purpose of securing more thorough *demonstrative* teaching. The Hospital is under the immediate control of the Regents and Council of the College, and therefore fully available for all purposes of practical instruction.

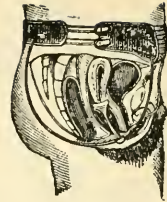
Over twelve thousand patients are treated annually in this institution—hence the clinical material is ample. Advanced students have *free access to the Wards of the Hospital*. The practical departments are therefore largely taught at the bedside.

For circulars, address—

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Brooklyn, New York.



Dr. McINTOSH'S NATURAL Uterine Supporter.



This instrument is a uterine and abdominal supporter combined. The uterine stem is of highly polished hard rubber, which can be bent by immersion in hot water to exactly fit the shape of the vagina. It is suspended by two soft rubber tubes passing through the head of the stem, and affording four points of support, instead of one or two as others now in use, and so adapting itself to all the varying positions of the body. It will not interfere with any of life's private necessities; it is not corrosive, and is lighter than if metallic. Cups are furnished for retroversion, anteversion or any of the flexions of the womb.

These instruments have received the endorsement and recommendation of the medical profession generally, and are now more in use than all other similar instruments taken together.

Price to Physicians, \$8.00; to Patients, \$12.00.

Instruments can be sent by mail or express. If sent by mail, postage will be 8 cents, which should be added to the remittance. For circulars and further information, address,

Dr. McIntosh's Natural Uterine Supporter Co.,

296 West Lake Street, Chicago, Ills.

Quinine Can Be Taken Without Taste

BY USING

QUININE ELIXIR.

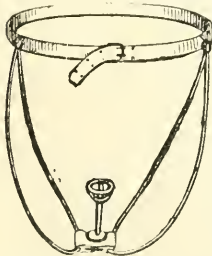
This Elixir is neutral, medicinally, with the exception of slight tonic properties, and does not affect the medicinal properties of Quinine in the least; on the contrary, Quinine taken in this way is considered one-third more efficient than in pill, and is just the same as when taken in crystal or solution.

The only *pleasant* way in which Quinine can be given to ladies, children and convalescents. Prepared by

ALLAIRE, WOODWARD & CO., Manufacturing Chemists,

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May be obtained of the Drug Trade generally. St. Louis office, 114 Pine St.



STEPHENSON'S Improved Uterine Supporter.

The most practical and effectual instrument in the market; made of **SOFT RUBBER** with an interior rod or stem of **Hard Rubber**, susceptible of being bent to any desired curve. **NON-IRRITATING, EASY OF APPLICATION and CLEANLY.** It affords a support as strong and firm as the metal and hard

rubber instruments, without their rigidity.

The attention of the **PROFESSION** is respectfully solicited.

For sale by **A. M. LESLIE & CO.** and **RICHARDSON & CO.,** Saint Louis, Mo., **BLISS & TORREY,** Chicago, Ill.

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Sole Agents in the United States for R. & J. BECK, of London, and a full stock of all their Instruments constantly on hand. Hartnack's, Nachett's, and Powell & Lealand's Instruments and Objectives always in stock. Every description of

Ophthalmoscopes, Medical Thermometers,
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A handsomely Illustrated and Priced Catalogue sent to any address on receipt of TEN CENTS.

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Oak Lawn Retreat, FOR THE INSANE.

JACKSONVILLE, ILLINOIS.

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An institution established upon the domestic system entirely. The inmates (limited in number,) form a part of the family of the superintendent. Situation delightful, and sufficiently retired; grounds extensive and handsomely laid out, and apartments for patients with every comfort.

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TRUSSES FOR RADICAL CURE,

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Surgical and Anatomical Mechanician; Inventor and Manufacturer of Apparatus for Curvature of the Spine, Wry Neck, Anchylosis, Club Feet, Bow Legs, Weak Ankles, Splints for fractures and dislocations; Silk and Elastic Stockings for Varicose Veins and Sore Legs; Knee Cap and Anklets for Swollen and Weak Joints; also Suspensory Bandages—being a new style—and Bandages of every description, etc., etc.

Crutches of all Sizes. Dr. Bly's Artificial Legs.

 Ladies will be waited upon by a competent female at private salesroom.

Refers to Profs. E. H. GREGORY & J. T. HODGEN, and most of the Surgeons and Physicians of this city. Office open from 7 o'clock a. m. to 7 p. m.

St. Louis Sanitarium,

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For the reformation of those addicted to the use of **LIQUOR,**
OPIUM and other **NARCOTICS**, and the treatment of
the **DISEASES OF THE NERVOUS SYSTEM**
connected therewith.

C. T. WIDNEY, M. D., & C. H. HUGHES, M. D., Resident Superintendents.

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J. S. MOORE, M. D.
ED. MONTGOMERY, M. D.

Solicits the co-operation and encouragement of the medical profession, who are cognizant of the necessity for such an Institution, since experience has demonstrated that, as a rule, these cannot be successfully managed at their own homes.

Every courtesy will be extended to medical gentlemen desiring to treat or be consulted in the treatment of the cases they may confide to us. Visits from medical gentlemen are solicited in order that they may become familiar with the working of the Institution, and permit us to refer to them.

Arrangements for treatment may be made with Drs. WIDNEY, HUGHES, or NEWMAN.

THE HEALTH LIFT

IS BECOMING INDISPENSABLE AS AN ADJUNCT TO MEDICAL TREATMENT, AND IS NOW IN THE OFFICES OF MANY OF OUR LEADING PHYSICIANS. NO ONE THING WILL SO GREATLY HELP THE DOCTOR IN RESTORING HIS PATIENTS. IT IS UNIVERSALLY RECOMMENDED BY THE MEDICAL PROFESSION.

ADDRESS FOR FULL PARTICULARS, F. G. WELCH, M.D., Manager,
AGENTS WANTED HEALTH LIFT CO., 46 EAST 14TH ST., NEW YORK.

TO THE MEDICAL PROFESSION.

A NEW AND IMPORTANT REMEDY.

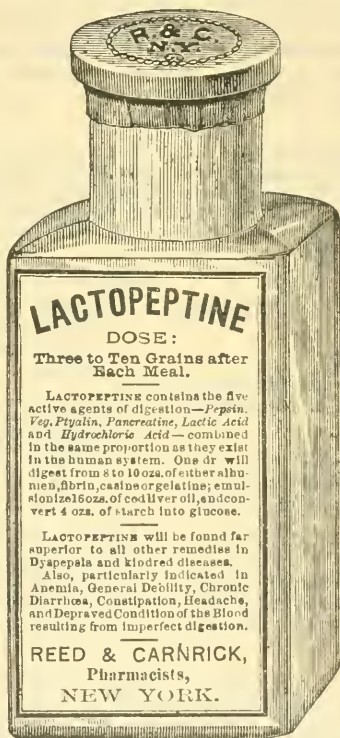
LACTOPEPTINE.

LACTOPEPTINE contains all the agents of digestion that act upon food, from mastication to its conversion into chyle, and is therefore the most important remedy for Dyspepsia that has ever been produced.

LACTOPEPTINE, as well as all other preparations of our manufacture, is prepared strictly for the use of the Medical Profession, and is kept invariably in their hands.

FORMULA OF LACTOPEPTINE.

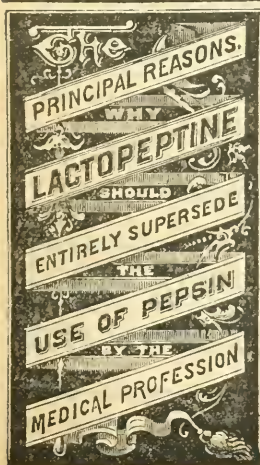
Sugar of Milk,	20	Ounces.	Veg. Pygalin or Dinkase,	1	Drachm.
Pepsin,	4	"	Lactic Acid,	24	℥.
Pancreatic,	3	"	Hydrochloric Acid,	24	℥.
			Powder and Mixture,		



The digestive power of LACTOPEPTINE is seven times greater than any preparation of Pepsin in the market, as it has the important advantage of dissolving all aliment used by mankind, while Pepsin acts only upon plastic food.

This preparation has now been in the hands of the Medical Profession for two years, during which time its therapeutic value has been most thoroughly established in cases of Dyspepsia, Intestinal diseases of Children, Chronic Diarrhoea, Constipation, Vomiting in Pregnancy or Dyspepsia, Headache, and all diseases arising from imperfect nutrition.

One of the most important applications of LACTOPEPTINE is in those cases where the digestive organs are unable, from debility, to properly prepare for assimilation the remedies indicated. In such cases combine it with the remedy indicated.



- 1st.—It will digest from three to four times more coagulated albumen than any preparation of Pepsin in the market.
- 2d.—It will emulsionize and prepare for assimilation the oily and fatty portions of food, Pepsin having no action upon this important alimentary article.
- 3d.—It will change the starchy portions of vegetable food into the assimilable form of Glucose.
- 4th.—It contains the natural acids secreted by the stomach (Lactic and Hydrochloric), without which Pepsin and Pancreatine will not change the character of coagulated albumen.
- 5th.—Experiments will readily show that the digestive power of the ingredients of Lactopeptine, when two or more are combined, is much greater than when separated. Thus, 4 grs. of Pepsin and 4 grs. of Pancreatine mixed, will dissolve one third more albumen than the combined digestive power of each agent separately in same length of time.
- 6th.—It is MUCH LESS EXPENSIVE TO PRESCRIBE. It dissolves nearly four times as much coagulated albumen as Pepsin, besides digesting all other food taken by the human stomach. An ounce of Lactopeptine is, therefore, fully equal in digestive power to seven ounces of Pepsin, yet it is furnished at about the same price.

All the Statements made in this Circular are the result of repeated and careful experiments.

The palatability and digestive power of LACTOPEPTINE has been more than doubled during the past two months, by producing several of its component parts free from all extraneous matter, and we now believe it is not susceptible of any further improvement.

Physicians who have not given LACTOPEPTINE a trial in their practice, are respectfully requested to read the following opinions of some of our leading Practitioners as to its merits as an important remedial agent.

IN ADDITION TO THE FOLLOWING RECOMMENDATIONS, WE HAVE RECEIVED OVER SEVEN HUNDRED COMMENDATORY LETTERS FROM PHYSICIANS, A LARGE NUMBER OF WHICH ENUMERATE CASES WHERE PEPSIN ALONE HAD FAILED TO BENEFIT, BUT FINALLY HAD BEEN TREATED SUCCESSFULLY WITH LACTOPEPTINE.

The undersigned, having tested REED & CARNICK's preparation of Pepsin, Pancreatine, Diastase, Lactic Acid and Hydrochloric Acid, made according to published formula, and called *Lactopeptine*, find that in those diseases of the stomach where the above remedies are indicated, it has proven itself a desirable, useful and well adapted addition to the usual pharmaceutical preparations, and therefore recommend it to the profession.

New YORK, April 6th, 1875.

J. R. LEAMING, M. D.,

Attending Physician at St. Luke's Hospital.

ALFRED L. LOOMIS, M. D.,

Professor of Pathology and Practice of Medicine, University of the City of New York.

JOSEPH KAMMERER, M. D.,

Clinical Professor of Diseases of Women and Children, University of the City of New York.

LEWIS A. SAYRE, M. D.,

Professor of Orthopædic Surgery and Clinical Surgery, Bellevue Hospital Medical College.

EDWARD G. JANEWAY, M. D.,

Professor Pathological and Practical Anatomy, and Lecturer on Materia Medica and Therapeutics, and Clinical Medicine.

SAMUEL R. PERCY, M. D.,

Professor Materia Medica, New York Medical College.

J. H. TYNDALL, M. D.,

Physician at St. Francis' Hospital.

JOSEPH E. WINTERS, M. D.,

House Physician Bellevue Hospital.

GEO. F. BATES, M. D.,

House Surgeon Bellevue Hospital.

INEBRIATE ASYLUM, NEW YORK, March 25th, 1875.

I have carefully watched the effects of *LACTOPEPTINE*, as exhibited in this institution, for about six months, especially in the treatment of Gastritis, and it gives me pleasure to be able to say that I have found the best results from it, supplying as it does an abnormal void of nature in the secretions of the stomach.

N. KEELER MORTON, M. D.

BRANDON, VT., March 31st, 1875.

I desire to say that I have used *LACTOPEPTINE* for a year, not only on my friends, but also in my own case, and have found it one of the most valuable aids to digestion that I have ever used.

A. T. WOODWARD, M. D.,

Late Professor of Obstetrics and Diseases of Women and Children, Vermont Med. College.

EXTRACT FROM A REPORT UPON THE USES OF LACTOPEPTINE,
BY J. KING MERRITT, M. D., FLUSHING, L. I.

About six months since I saw a notice of *LACTOPEPTINE* and its analysis in a Medical Journal, and having long ago recognized the inability of Pepsin to reach those cases in which the several processes of digestion are all more or less involved, I immediately commenced the use of *LACTOPEPTINE* in my own case. This was, in brief, an inherited, fostered, and persistent condition of General Dyspepsia, which I had treated for several years with Pepsin, finding in its use good service, although the general results were discouraging.

A large proportion of diseases are the result of imperfect digestion.

*In all cases when the stomach is unable to digest and appropriate
the remedies indicated, they should be combined with
Lactopeptine.*

The effect of *LACTOPEPTINE* on my powers of digestion has far surpassed my expectations, and its remedial qualities in numerous cases, more or less complicated, have been all that I could desire. In these cases *LACTOPEPTINE* was associated with other remedies indicated, for the purpose of facilitating their assimilation, which is so often nullified by a disordered and debilitated condition of the digestive organs.*

I will now give, in brief, an epitome of a case recovering under the use of *LACTOPEPTINE*. She was a married lady, who five years ago became afflicted with diarrhoea, which had baffled every mode of intelligent treatment. She had an intestinal flux, body much emaciated, and her entire health was greatly impaired. I treated her with *LACTOPEPTINE*, in conjunction with other remedies, many of which had been formerly used without avail. She is now rapidly recovering.

I shall only add that the more my experience, in its varied applicability, extends, the more its beneficial effects appear.

—○—
NEWTON, IOWA, May 19th, 1875.

I have been using *LACTOPEPTINE* for several months, and after a careful trial in stomach and bowel troubles, find that it has no equal. In all cases of indigestion and lack of assimilation, it is a most splendid remedy.

H. E. HUNTER, M. D.

—○—
WEST NEWFIELD, ME., June 14th, 1875.

LACTOPEPTINE seems to be all that it is recommended to be. It excels all remedies that I have tried in aiding a debilitated stomach to perform its functions.

STEPHEN ADAMS, M. D.

—○—
WOLCOTT, WAYNE CO., N. Y., June 29th, 1875.

From the experience I have had with *LACTOPEPTINE*, I am of the opinion that you have produced a remedy which is capable of fulfilling an important indication in a greater variety of diseases than any medicine I have met with in a practice of over 45 years.

JAMES M. WILSON, M. D.

—○—
BROWNVILLE, N. Y., August 3d, 1875.

Some time since I received a small package of *LACTOPEPTINE*, which I have used in a case of long standing Dyspepsia. The subject is a man 40 years of age; has had this ailment over 10 years. I never had so bad a case before, and I have been practicing medicine 21 years. Your *LACTOPEPTINE* seems just the remedy he needs. He is improving finely, and can now eat nearly any kind of food without distress. I have several cases I shall take hold of as soon as I can obtain the medicine.

W. W. GOODWIN, M. D.

—○—
EDDYVILLE, WAPELLO CO., IOWA, May 5th, 1875.

I have used the *LACTOPEPTINE* in my practice for the last eighteen months, and find it to be one of our great remedies in all diseases of the stomach and bowels. I was called last fall to see a child three years old, that was almost in the last struggles of death with Cholera Infantum. I ordered it teaspoonful doses of Syrup of Lactopeptine, and in a few days the child was well. I could not practice without it.

F. C. CORNELL, M. D.

—○—
CORTLAND, DE KALB CO., ILL., August 12th, 1875.

I received recently a small package of *LACTOPEPTINE* with the request that I should try it in a severe case of Dyspepsia. I selected a case of a lady who has been a sufferer over 30 years. She reported relief after the first dose, and now, after using the balance of the package in doses of three grains, three times daily, says she has received more benefit from it than from any other remedy she had ever tried.

G. W. LEWIS, M. D.

* We desire particularly to call the attention of the Profession to the great value of *LACTOPEPTINE* when used in conjunction with other remedies, especially in those cases in which the digestive organs are unable, from debility, to properly prepare for assimilation the remedies indicated.

One drachm of Lactopeptine will digest ten ounces of Coagulated Albumen, while the same quantity of any standard preparation of Pepsin in the market will dissolve but three ounces.

One drachm of Lactopeptine dissolved in four fluid drachms of water will emulsionize sixteen ounces of Cod Liver Oil.

CHILLICOTHE, MO., September 4th, 1874.

I have used *LACTOPEPTINE* this summer with good effect in all cases of weak and imperfect digestion, especially in children during the period of dentition, cholera infantum, &c. I regard it, decidedly, as being the best combination containing Pepsin that I have ever used.

J. A. MUNK, M. D.

—○—
FORT DODGE, IOWA, November 15th, 1874.

I have fairly tried, during the past summer and fall, your *LACTOPEPTINE*, and consider it a most useful addition to the list of practical remedies. I have found it especially valuable in the *gastro-intestinal* diseases of children.

W. L. NICHOLSON, M. D.

—○—
WHITE HALL, VA., January 4th, 1875.

A short time since I sent for some of your *LACTOPEPTINE*, which I used in the case of a lady who had been suffering with dyspepsia for over twelve months, and who had taken Pepsin, and other remedies usually prescribed in that disease, with very little benefit. I ordered the *LACTOPEPTINE*, and was pleased to find a decided improvement after a few days, which has steadily increased. At the present time she appears to have entirely recovered.

Very truly,

E. B. SMOKE, M. D.

—○—
INDIANOLA, IOWA, December 11th, 1874.

I consider the *LACTOPEPTINE* a heaven-sent remedy for all digestive troubles. I gave it to a lady troubled with exhaustive nausea and vomiting from pregnancy, with immediate and perfect relief, after all other remedies had failed. She was almost in *articulo mortis*. The third day after taking the *LACTOPEPTINE* she was able to be up. I was called in council the other day to a case of Intussusception; the patient was vomiting stercoracious matter; had retained no nutrition for several days. I gave the *LACTOPEPTINE* with immediate relief. Ingestion was retained. I relieved the bowels by inflation, got an operation, and the patient will recover. I consider the *LACTOPEPTINE* was his *sheet anchor*. I am now using the *LACTOPEPTINE* in Cancer of the Stomach—the only medicine that gives the patient any relief. It seems to act as an anodyne in his case more so than morphine.

C. W. DAVIS, M. D.

—○—
CONTOCOOK, N. H., November 25th, 1874.

After a thorough trial, I believe *LACTOPEPTINE* to be one of the most important of the new remedies that have been brought to the attention of physicians during the last ten years. I have used it in several cases of vomiting of food from dyspepsia, and in the vomiting from pregnancy, with the best of success. The relief has been immediate in every instance. In some of the worst cases of Cardialgia, heretofore resisting all other treatment, *LACTOPEPTINE* invariably gave immediate relief. It has accomplished more, in my hands, than any other remedy of its class I ever met with, and I believe no physician can safely be without it. It takes the place of Pepsin, is more certain in its results, and is received by patients of all ages without complaint, being a most pleasant remedy. I have used *LACTOPEPTINE* in my own case, having been troubled with feelings of weight in the stomach and distress after eating, but always have obtained immediate relief upon taking the elixir in teaspoonful doses.

GEORGE C. BLAISDELL, M. D.

—○—
MO. VALLEY, IOWA, November 12th, 1874.

Some months since I saw in a medical journal a notice of your *LACTOPEPTINE*. Having in charge a patient in whose case I thought it was indicated. I prescribed it in 5 gr. doses. He used it about a week and was greatly benefited. I failed to procure more just then, so I gave him Pepsin instead, the patient thinking it to be the same prescription. After two days he returned to my office, saying that "the last medicine didn't hit the spot, but that which you gave me last week was just the thing, and has given me more relief than any medicine I have ever taken." I consider this a fair test (so far as it goes) of the merits of this new, and I think, invaluable remedy.

G. W. COIT, M. D.

One drachm of Lactopeptine will transform four ounces of Starch into Glucose.

Pancreatine and Diastase are more important digestive agents than Pepsin.

COMMUNICATIONS FROM MEDICAL JOURNALS.

We have for several months been prescribing various preparations of medicine containing *LACTOPEPTINE* as an important aid to digestion. It may be advantageously combined with cod liver oil, calisaya, iron, bismuth, quinine and strychnia. *LACTOPEPTINE* is composed of pepsin, ptyalin, pancreatine, lactic acid and hydrochloric acid—pepsin, lactic and hydrochloric acids being in the gastric juice, ptyalin in the saliva, and pancreatine emulsifying fatty substances. The theory of its action being rational, we have prescribed the various preparations referred to above with more evidence of benefit than we ever observed from pepsin.—*St. Louis Medical and Surgical Journal*, September, 1874.

AN ARTICLE ON LACTOPEPTINE, BY LAURENCE ALEXANDER, M. D., OF YORKVILLE, S. C., IN THE *ATLANTA MEDICAL AND SURGICAL JOURNAL*, NOVEMBER, 1874.

Some time ago a small box, labelled "Physicians' Samples *LACTOPEPTINE*," was placed in my hands, with the request that I would give it a trial upon some one suffering from dyspepsia. Having, like other physicians, a large *per centum* of just such cases always on hand, in which various medicines and remedies had been used without success, I gladly consented, hoping that something had really been found at last to supply the want felt by every practitioner in the treatment of this troublesome complaint. After several months' experience in the use of this preparation, in which it has been thoroughly tested upon a large number of patients with such gratifying results, I am induced to recommend it to the consideration of the profession, feeling confident that, with due care in their diagnosis, and the many little cautions always necessary, such as restricting the excessive use of fluids while eating, etc., and a little patience on the part of the sufferer, its good effects will be seen beyond a doubt.

While I employ it extensively in many deranged conditions of the bowels incident to infancy and childhood, I find it equally efficacious in constipation and all diseases arising from imperfect nutrition in the adult. In sickness of pregnancy it answers well, far exceeding, in my hands, oxalate of cerium, extract lupulin, or the drop doses of carboic acid, so highly extolled by some practitioners. In its combination with iron, quinine and strychnia, we have the advantage of using, in cases of great nervous depression and debility peculiar to the dyspeptic, our most valuable agent in a truly elegant form.

TO TEST THE DIGESTIVE POWER OF LACTOPEPTINE IN COMPARISON WITH ANY PREPARATION OF PEPSIN IN THE MARKET.

To five fluid ounces of water add one drachm of Lactopeptine, half drachm of Hydrochloric Acid, 10 ounces Coagulated Albumen, allowing it to remain from two to six hours at a temperature of 105 deg., agitating it occasionally.

Lactopeptine is prepared in the form of Powder, Sugar Coated Pills, Elixir, Syrup, Wine and Troches.

LACTOPEPTINE is also combined with the following preparations:

EMULSION OF COD LIVER OIL WITH LACTOPEPTINE.

This combination will be found superior to all other forms of Cod Liver Oil in affections of the Lungs and other wasting diseases. Used in Coughs, Colds, Consumption, Rickets, Constipation, Skin Diseases and Loss of Appetite.

The Oil in this preparation being partly digested before taken, will usually agree with the most debilitated stomach. Although we manufacture seven other preparations of Cod Liver Oil, we would recommend the above as being superior to either of them. It is very pleasant to administer, compared with the plain Oil, and will be readily taken by children.

EMULSION OF COD LIVER OIL WITH LACTOPEPTINE AND LIME.

Each ounce of the Emulsion contains 16 grs. Lactopeptine and 16 grs. Phosphate Lime.

ELIXIR LACTOPEPTINE.

The above preparation is admirably adapted in those cases where Physicians desire to prescribe Lactopeptine in its most elegant form.

REED & CARRICK manufacture a Full Line of Fluid Extracts.

REED & CARRICK manufacture a Full Line of Sugar Coated Pills.

BEEF, IRON AND WINE WITH LACTOPEPTINE.

In those debilitated dyspeptic cases when an Iron Tonic, combined with the strengthening properties of Extract of Beef and Wine are indicated, this preparation will be found most efficacious.

ELIXIR PHOSPHATE OF IRON, QUININE AND STRYCHNIA WITH LACTOPEPTINE.

There can be no combination more suitable than the above in cases of Nervous and General Debility, attended with Dyspepsia.

ELIXIR LACTOPEPTINE, STRYCHNIA AND BISMUTH.

A valuable combination in cases of Dyspepsia, attended with nervous debility.

ELIXIR GENTIAN AND CHLORIDE OF IRON WITH LACTOPEPTINE.

An elegant and reliable remedy in cases of Dyspepsia attended with General Debility.

SYRUP LACTOPEPTINE COMP.

Each ounce contains 24 grains Lactopeptine, 8 grains Phosphate of Iron, 8 grains Phosphate Lime, 8 grains Phosphate Soda, and 8 grains Phosphate Potash.

This preparation will be found well suited to cases of General Debility, arising from impaired digestion, and also of great value in Pulmonary Affections.

FORMULÆ.

The following valuable formulae have been contributed by J. KING MERRITT, M. D., who has used them with great success in his practice:

No. 1.—FOR INTERMITTENT FEVER WITH CONGESTION OF LIVER.

\mathcal{R} Liquid Lactopeptine,	dr. vi.
Fl. Ex. Cinchona Comp.,	dr. i.
Fl. Ex. Taraxacum,	—
Tinct. Zingiber,	aa dr. iii.
Hydrochloric Acid Dilut.,	dr. i.
Spts. Lavender Comp.,	dr. ii.
Sulphate Quinia,	grs. xl.

M. Dose.—One teaspoonful every two or three hours.

Sig.—Quinine mixture or tonic mixture.

REMARKS.

This mixture should be taken every two hours in the case of a quotidian attack, as soon after the subsidence of the paroxysms as the stomach will accept it, or even during the sweating stage, if the stomach is not especially irritable, and should be continued until the hour of anticipated paroxysms at the same rate, except during the night, from 10 P. M. to 4 A. M., as a general rule. Six to eight doses to be taken during the first interval, and if the attack does not recur, then continue the mixture daily for one week, at a rate diminished by one hour each day.

No. 2.—FOR INTERMITTENT FEVER WITH IRRITABLE STOMACH.

\mathcal{R} Liquid Lactopeptine,	dr. vi.
Fl. Ex. Cinchona Comp.,	dr. i.
Tinct. Zingiber,	dr. iii.
Spts. Lavender Comp.,	dr. v.
Aromatic Sulphuric Acid,	dr. i.
Essence Menth. Pip. or Gaultheria,	gtts. x.
Sulphate Quinia,	grs. xl.

M. Dose.—One teaspoonful with water *ad libitum* every two or three hours, as in Formula No. 1, and in accordance with the type of the attack. Begin at the rate indicated;

Private Formulas of Pills or other Preparations made to order.

All our Goods are of guaranteed strength and uniformity.

that is, if "Tertian," every three hours, and then after first interval, if the paroxysm does not recur, continue mixture at a diminished rate each succeeding day, as indicated in remarks appended to Formula No. 1, to wit, by increasing the period of time between each dose of medicine an hour every day until a week has passed, when the frequency of dose will be reduced to three times a day, at which rate it should be continued until complete restoration of appetite and strength.

No. 3.—FOR MALARIAL DYSPESIA.

\mathcal{R} Liquid Lactopeptine,	dr. fl. vi.
Fl. Ex. Cinchona Comp.,	
Tinc. Nux Vomica,	ss. dr. xi.
Spts. Lavender Comp.,	oz. ss.
Hydrocyanic Acid Dilut.,	dr. ss.
Syr. Aromatic Rhubarb,	oz. ss.
Sulphate Quinine,	dr. ss.

M. Dose.—One teaspoonful with water *ad libitum* at meals (before or after), and at bed time if required; also, use in addition after the meals full doses of Pulv. Lactopeptine with Spts. Lavender Comp. and Lime Water, in case the patient should suffer from positive signs of indigestion, although the dose of Formula No. 3 has already been taken at the meal time, either immediately before or after eating, in accordance with the rule or foregoing instruction.

No. 4.—FOR CHRONIC DIARRHŒA.

\mathcal{R} Liquid Lactopeptine,	dr. vi.
Liq. Opii Comp. (Squibbs'),	dr. iii.
Nitric Acid Dilut.; or, Aqua Regia Dilut.,	dr. i.
Syr. Aromatic Rhubarb,	dr. ii.
Pulv. Nit. Bismuth,	dr. ss.
Aqua Camph.,	oz. ss.

M. Dose.—One teaspoonful with water after each flux from bowels, and as a rule, at bed time, even if the diarrhœa is apparently checked at that hour, and *this rule should be persisted in* for two or three days, or until the diarrhoeal tendency has been entirely subdued.



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In addition to *LACTOPEPTINE* we manufacture *PEPSIN*, *PANCREATINE* and *DIASTASE*. They are put up separately in one ounce and pound bottles.

They will be found equal in strength with any other manufacture in the world.

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The only pleasant and reliable Cathartic in liquid form that can be prescribed.

Each fl. oz. contains:

Sulph. Magnesia, 1 dr.
Senna, 2 "
Scammony, 6 grs.
Liquorice, 1 dr.
Ginger, 3 grs.
Coriander, 5 "

With flavoring ingredients.

Dose.—Child five years old, one to two teaspoonfuls; adult, one to two tablespoonfuls.

This preparation is being used extensively throughout the country. It was originated with the design of furnishing a liquid Cathartic remedy that could be prescribed in a palatable form. It will be taken by children with a relish.

MAINE INSANE HOSPITAL, AUGUSTA, Feb. 25th, 1876.

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H. M. HARLOW, M. D.

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Phosphorus,	1-100 "
Ex. Cannabis Indica,	1-16 "
Ginseng,	1 "
Carb. Iron,	1 "

Dose.—One to two.

A reliable and efficient Pill in Anaphrodisia, Paralysis, Neuralgia, Loss of Memory, Phthisis, and all affections of the Brain resulting from Loss of Nerve Power.

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Quinine Sulph.,	1 grain.
Sesqui Oxide Iron,	1 "

Dose.—One to three.

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Ext. Blood, 2 grs.
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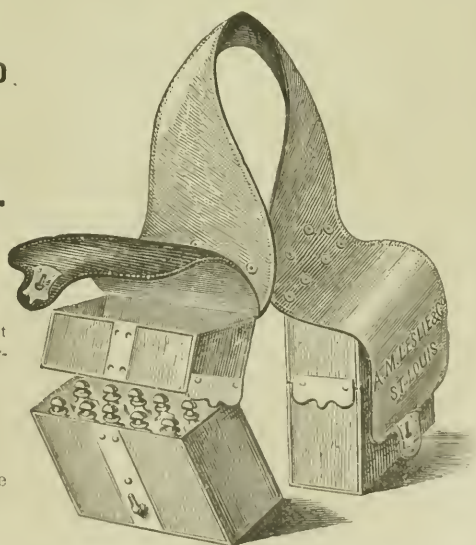
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Ferro-Phosphorated Elixir of Calisaya with Bismuth. containing eight grains Ammonia-Citrate of Bismuth in each tablespoonful of the Ferro-Phosphorated Elixir of Calisaya Bark.

Elixir Phosphate Iron, Quinia and Strychnia. Each teaspoonful contains one grain Phosphate Iron, one grain Phosphate Quinine, and one sixty-fourth of a grain of Strychnia.

Ferro-Phosphorated Elixir of Gentian. containing one ounce of Gentian, and one hundred and twenty-eight grains Pyrophosphate of Iron to the pint, making in each dessert-spoonful seven and one-half grains Gentian to two grains Pyrophosphate Iron.

Elixir Valerianate of Ammonia. Each teaspoonful contains two grains Valerianate Ammonia.

Elixir Valerianate of Ammonia and Quinine. Each teaspoonful contains two grains Valerianate Ammonia and one grain of Quinine.

Ferro-Phosphorated Wine of Wild Cherry Bark. Each fluid-drachm contains twenty-five grains of the Bark, and two grains of Ferri Pyrophosphate.

Wine of Pepsin. This article is prepared by us from fresh Rennets and pure Sherry Wine.

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Juniper Tar Soap. Highly recommended by the celebrated Erasmus Wilson, and has been found very serviceable in chronic eczema and diseases of the skin generally. It is invaluable for chapped hands and roughness of the skin caused by change of temperature. It is manufactured by ourselves, from the purest materials, and is extensively and successfully prescribed by the most eminent physicians.

Iodo-Ferrated Cod-Liver Oil. This combination holds sixteen grains Iodide of Iron to the ounce of our pure Cod-Liver Oil.

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CASWELL, HAZARD & CO.,

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